

FIG. 1

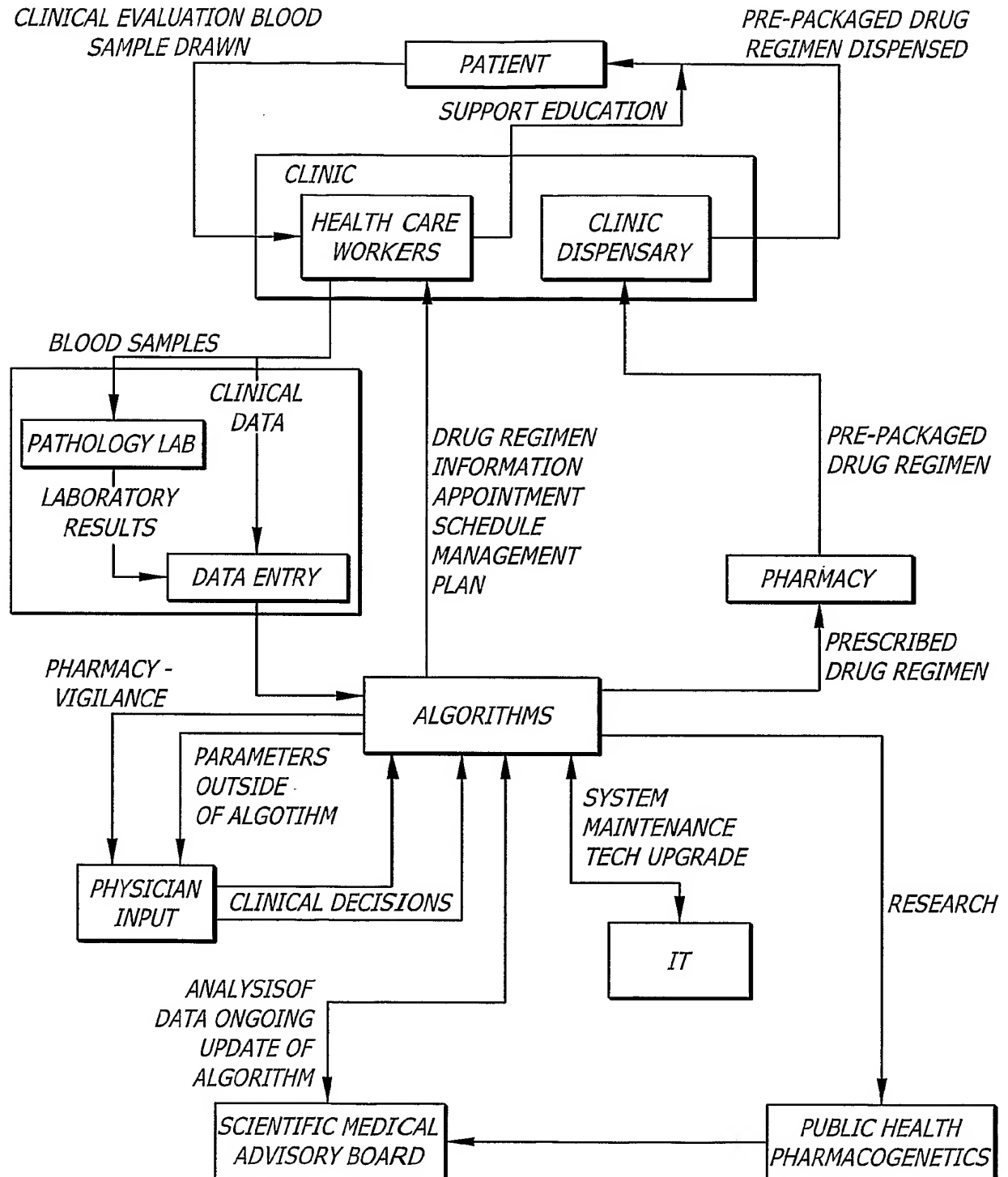


FIG. 2.1

		Form Number		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
Date Prepared		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	

ASSESSMENT ART FORM

Date of birth	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
Height	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	cm			
Weight	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	kg on	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
Now on antiretroviral medicine for HIV/AIDS?		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
		USE FOLLOW-UP FORM			
Documented positive HIV tests		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
Location:	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 10%; text-align: right;">Date</div> <div style="width: 40%;"> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> </div>				
Location:	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 10%; text-align: right;">Date</div> <div style="width: 40%;"> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> </div>				
Previous ART exposure					
PEP		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
PMTCT		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
ART interrupted		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Treatment Readiness					
Do you want to be on medicine for AIDS?		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Drug literacy training complete		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Adherence training complete		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Social worker consultation complete		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Home visit complete		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Gender					
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
For Female:					
Are you pregnant?		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Are you able to have children?		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Do you want to have children at this time?		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Are you using reliable contraception?		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
WHO Stage					
WHO Clinical Stage 1		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
WHO Clinical Stage 2		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
WHO Clinical Stage 3		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
WHO Clinical Stage 4		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Pneumocystis Pneumonia - current or previous		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Thrush - persistent		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Cotrimoxazole					
Allergic to cotrimoxazole?		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Was cotrimoxazole dispensed?		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Cotrimoxazole pill count - Is patient compliant?		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Has patient kept 3 appointments in a row?		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Pain and/or tingling in hands and/or feet?					
Pain and tingling do not cause a problem walking		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Pain and tingling > 3 days - non-narcotic analgesia required		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Walks with great difficulty - narcotic analgesia required		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Unable to walk - narcotic analgesia does not help		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Psychological problems now or in the past					
Depression - overwhelming sadness, not related to any event		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Thoughts or attempts of suicide		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			
Previous mental illness requiring treatment/hospitalization		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			

FIG. 2.2

Nevirapine													
Have you ever taken Nevirapine?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Nevirapine Skin Rash		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Redness, itching		<input type="checkbox"/> Mild											
Diffuse rash, dry and peeling		<input type="checkbox"/> Moderate											
Blisters, moist peeling, sores		<input type="checkbox"/> Severe											
Severe redness, ulcers, skin sloughing off		<input type="checkbox"/> Incapacitating											
Regimen Failure													
Has the patient failed Regimen 1a		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Virologic failure		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Therapeutic failure (side effects)		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Has the patient failed Regimen 1b		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Virologic failure		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Therapeutic failure (side effects)		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Nevirapine Resistant - proven		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
TB													
Are you being treated for active TB now?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Treatment for active TB in the past 2 years?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Is your treatment for active TB complete?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Date active TB treatment started		<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y		<input type="checkbox"/> M <input type="checkbox"/> M		<input type="checkbox"/> D <input type="checkbox"/> D							
Are you taking Isoniazid to prevent TB now?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown							
Date Isoniazid treatment started		<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y		<input type="checkbox"/> M <input type="checkbox"/> M		<input type="checkbox"/> D <input type="checkbox"/> D							
Cough > 2 weeks		<input type="checkbox"/> Yes		<input type="checkbox"/> No									
Fever > 2 weeks		<input type="checkbox"/> Yes		<input type="checkbox"/> No									
Night sweats		<input type="checkbox"/> Yes		<input type="checkbox"/> No									
Weight loss > 1.5 kg in past 4 weeks		<input type="checkbox"/> Yes		<input type="checkbox"/> No									
Sputum tested for TB in the last 3 months?		<input type="checkbox"/> Yes		<input type="checkbox"/> No									
Result of TB sputum test		<input type="checkbox"/> Positive		<input type="checkbox"/> Negative									
LABS													
	Previous		Previous		Previous		Previous		Previous		Current		
Date													
Weight												kg	
CD4												c/mL	
Viral Load												c/mm ³	
Liver – ALT												U/L	
Hemoglobin												g/L	
Neutrophils												/mm ³	
Lipase												U/L	
Creatinine												umol/L	
MCV												fL	
Platelets												10 ⁹ /L	
Hepatitis A	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis B	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis C	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Skin Test	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Sputum	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	

Form Filled in by _____

Title _____

FIG. 3.1

		Form Number		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>			
Date Prepared		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
FOLLOW-UP ART FORM							
Date of birth		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
Height		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	cm			
Weight		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	kg	on	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
Y Y Y Y		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
M M		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
D D		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
Documented positive HIV tests		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>			
Location:							
Date		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
Location:							
Date		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
Now on antiretroviral medicine for HIV/AIDS?							
No							
Yes		Check drugs in regimen:					
1A:		<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">EFV Stocrin (Efavirenz)</div>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">d4T Zerit (Stavudine)</div>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">3TC (Lamivudine)</div>			
1B:		<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">NVP Virumine (Nevirapine)</div>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">d4T Zerit (Stavudine)</div>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">3TC (Lamivudine)</div>			
2:		<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">ddl Videx (Didanosine)</div>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">AZT Retrovir (Zidovudine)</div>	<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center;">Lopinavir/ Rilanovir Kaletra</div>			
Other:							
Adherence		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<80%	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	80-90%	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	90-95%
<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		>95%					
Regimen Failure							
Has the patient failed Regimen 1a		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Virologic failure		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Therapeutic failure (side effects)		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Has the patient failed Regimen 1b		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Virologic failure		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Therapeutic failure (side effects)		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Nevirapine Resistant - proven		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Gender		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>				
For Female:							
Are you pregnant?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Are you able to have children?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Do you want to have children at this time?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Are you using reliable contraception?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
WHO Stage		Defining Condition					
WHO Clinical Stage 1		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
WHO Clinical Stage 2		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
WHO Clinical Stage 3		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
WHO Clinical Stage 4		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
Pneumocystis Pneumonia - current or previous		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Thrush - persistent		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Cotrimoxazole							
Allergic to Cotrimoxazole?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Was Cotrimoxazole dispensed?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Cotrimoxazole pill count - Is patient compliant?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Has patient kept 3 appointments in a row?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Pain and/or tingling in hands and/or feet?		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>			
Pain and tingling do not cause a problem walking		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
Pain and tingling > 3 days - non-narcotic analgesia required		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
Walks with great difficulty - narcotic analgesia required		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					
Unable to walk - narcotic analgesia does not help		<div style="border: 1px solid black; width: 40px; height: 15px;"></div>					

FIG. 3.2

Psychological problems now or in the past		Yes	No	Unknown
Depression - overwhelming sadness, not related to any event		Depression		
Thoughts or attempts of suicide		Suicide		
Previous mental illness requiring treatment/hospitalization		Mental illness		

Nevirapine		Yes	No	Unknown
Have you ever taken Nevirapine?		Yes	No	Unknown
Nevirapine Skin Rash				
Redness, itching		Mild		
Diffuse rash, dry and peeling		Moderate		
Blisters, moist peeling, sores		Severe		
Severe redness, ulcers, skin sloughing off		Incapacitating		

TB		Yes	No	Unknown
Are you being treated for active TB now?		Yes	No	Unknown
Treatment for active TB in the past 2 years?		Yes	No	Unknown
Is your treatment for active TB complete?		Y	Y	M
Date active TB treatment started		Y	Y	M
Are you taking Isoniazid to prevent TB now?		Yes	No	Unknown
Date Isoniazid treatment started		Y	Y	M
Cough > 2 weeks		Yes	No	Any 1 "yes" get sputum for smear and culture
Fever > 2 weeks		Yes	No	
Night sweats		Yes	No	
Weight loss > 1.5 kg in past 4 weeks		Yes	No	
Sputum tested for TB in the last 3 months?		Yes	No	
Result of TB sputum test		Positive	Negative	

LABS													
	Previous		Previous		Previous		Previous		Previous		Current		
Date													
Weight													kg
CD4													c/mL
Viral Load													c/mm ³
Liver - ALT													U/L
Hemoglobin													g/L
Neutrophils													/mm ³
Lipase													U/L
Creatinine													umol/L
MCV													fL
Platelets													10 ⁹ /L
Hepatitis A	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis B	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis C	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Skin Test	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Sputum	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	

Form Filled in by _____

Title _____

FIG. 4.1

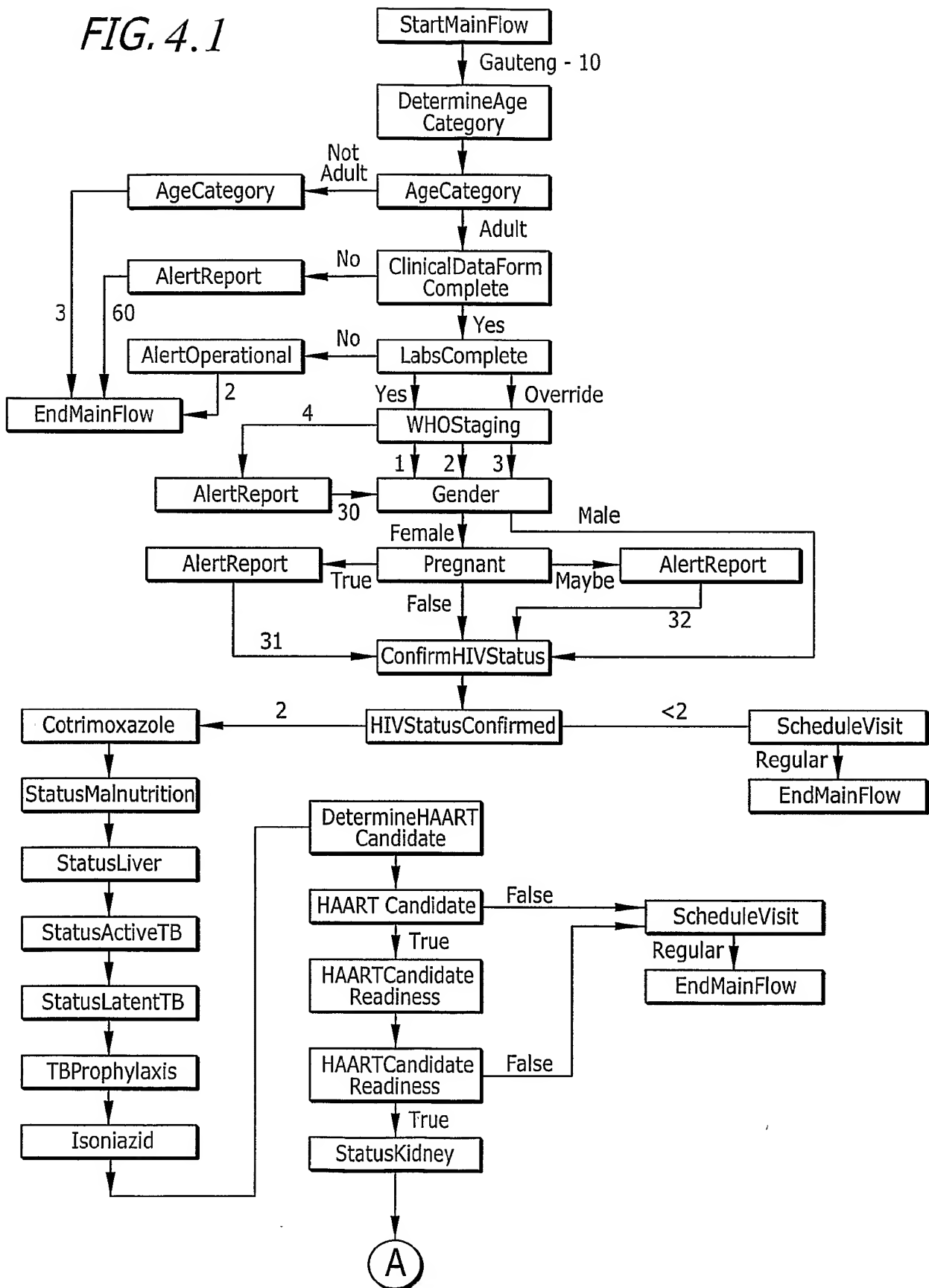
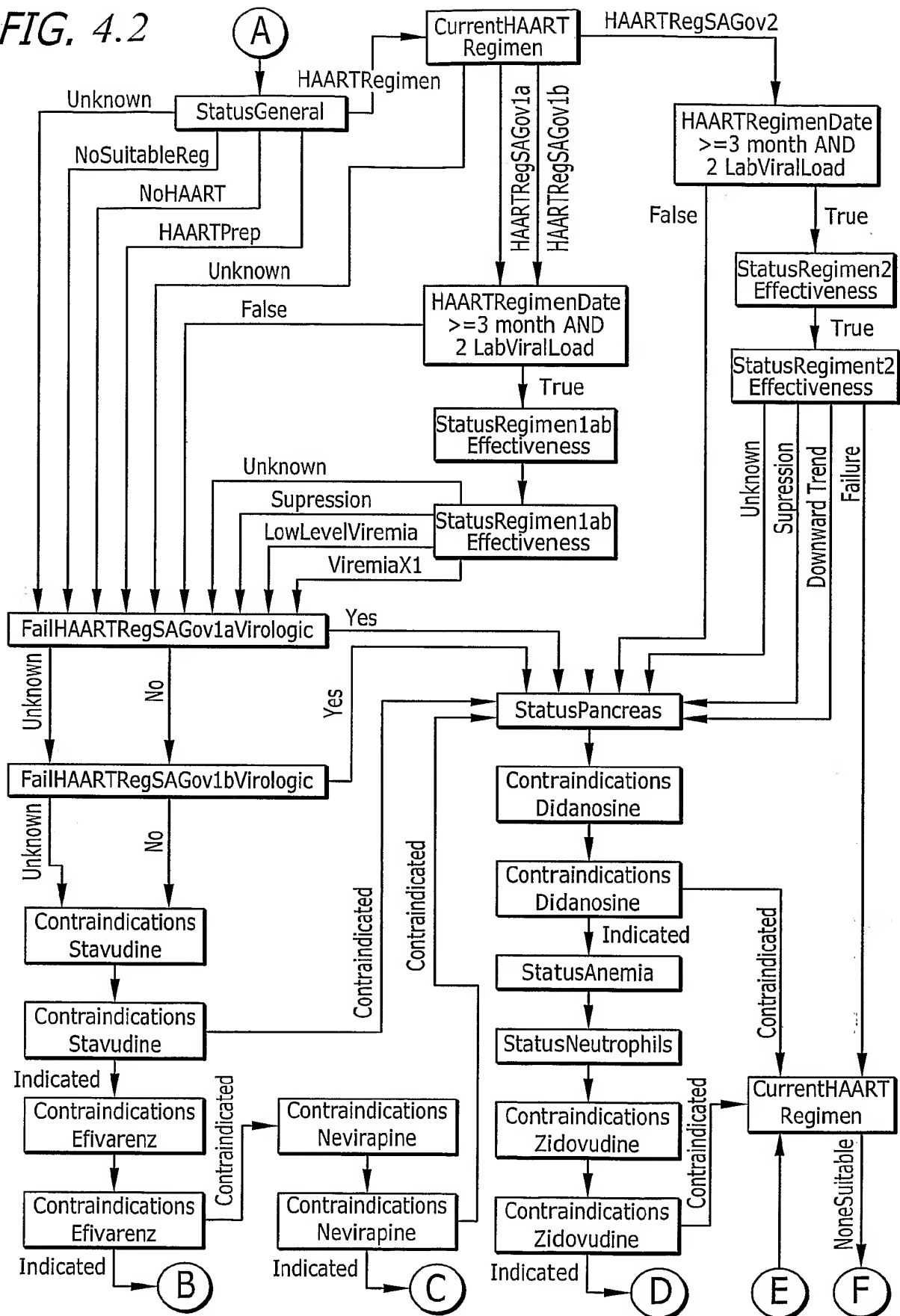


FIG. 4.2



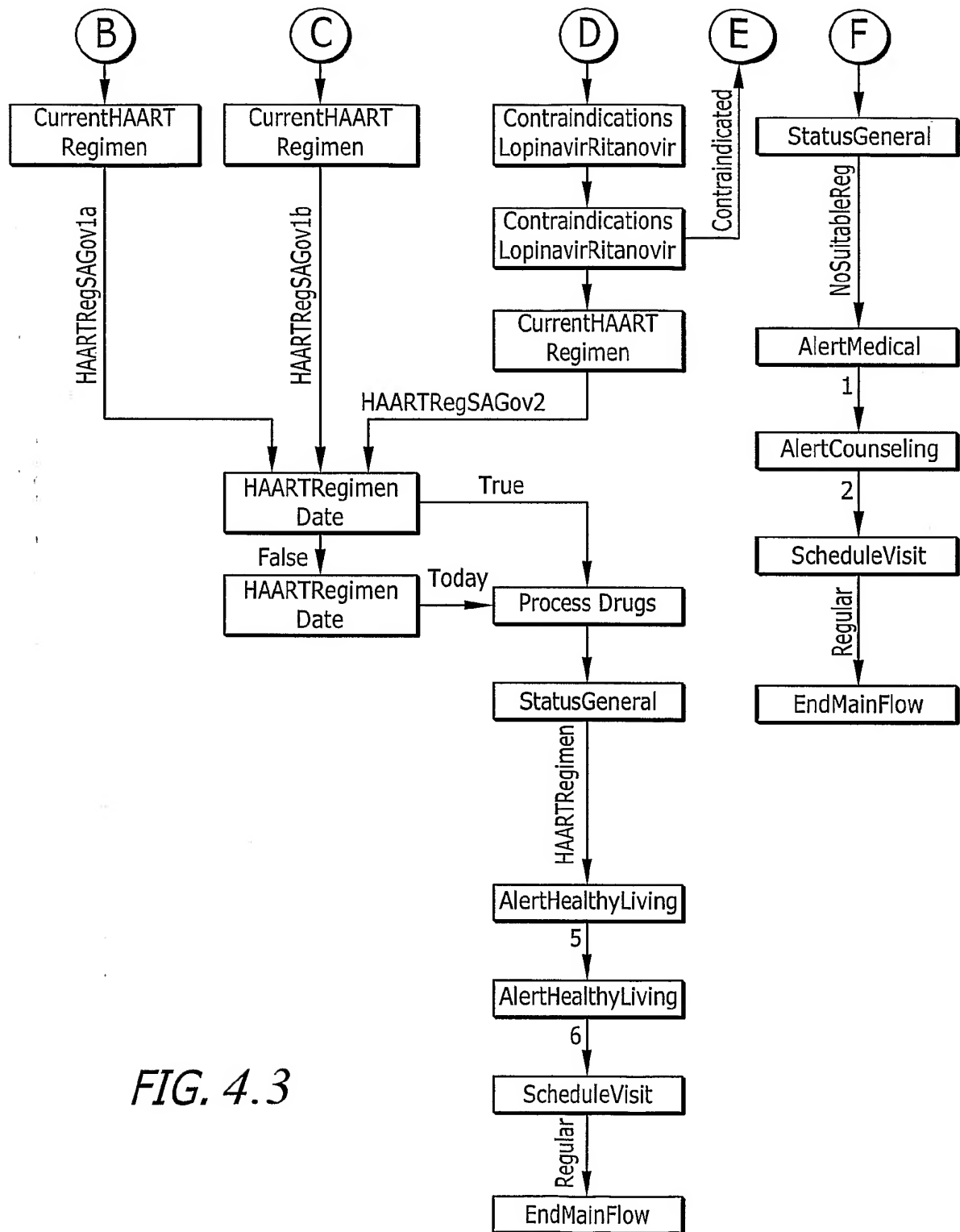


FIG. 4.3

FIG. 5

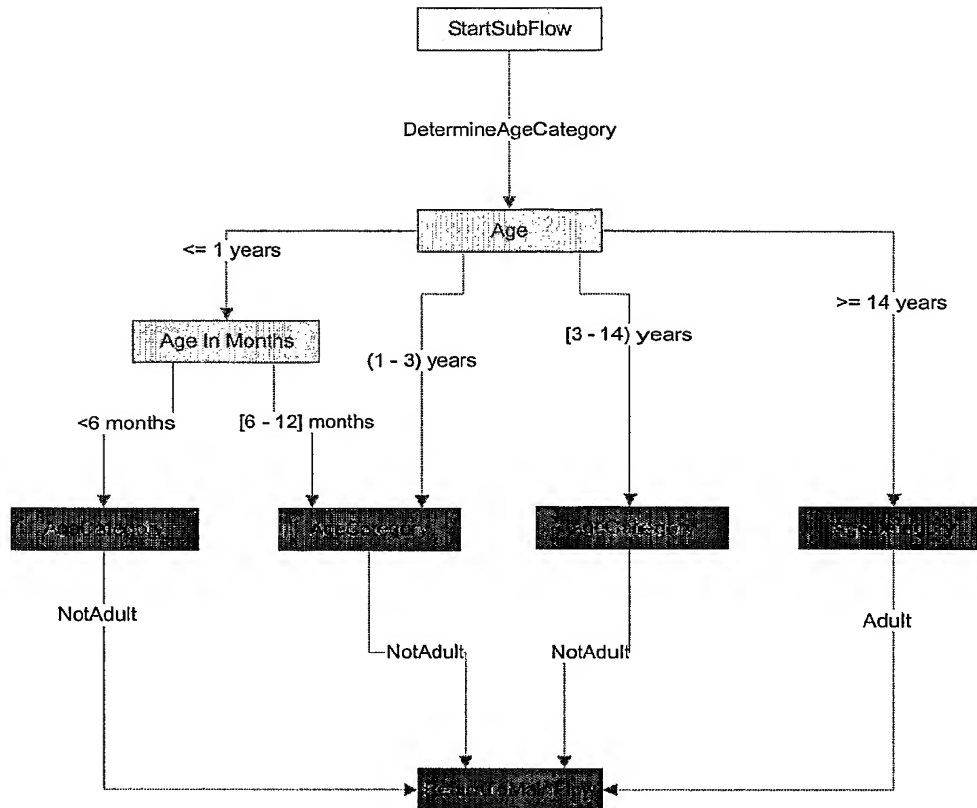


FIG. 6

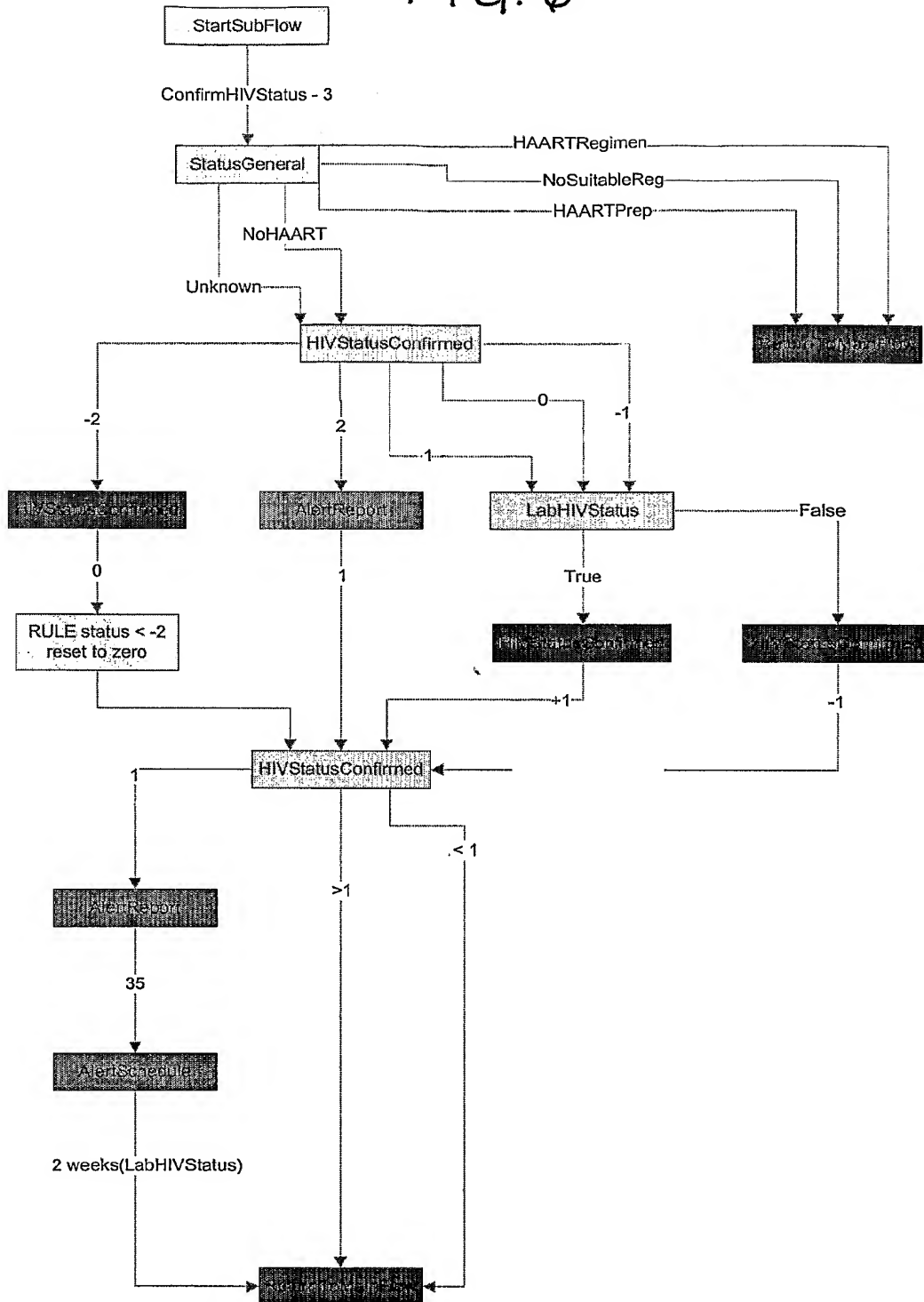


FIG. 8

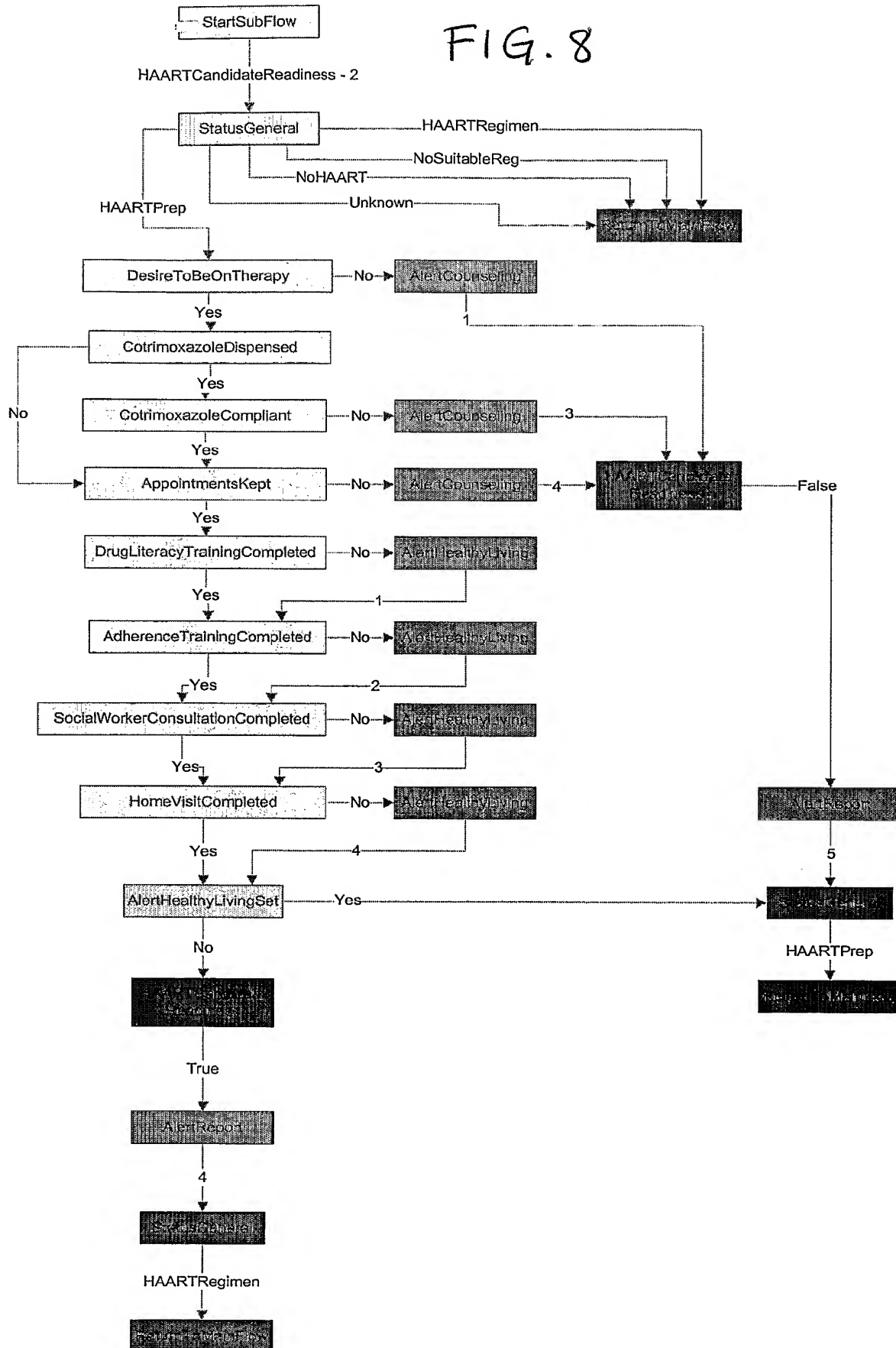


FIG. 9

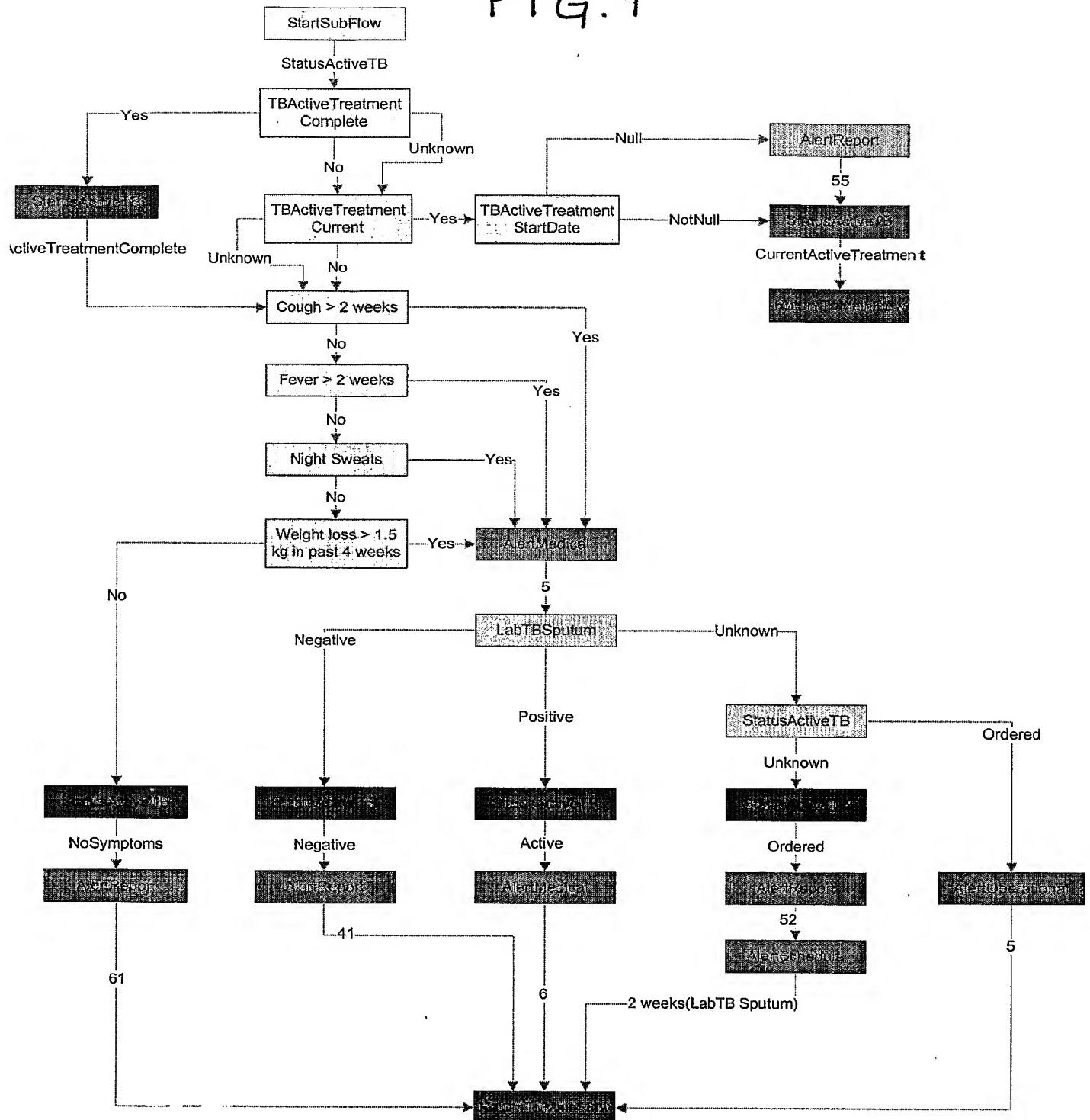


FIG. 10

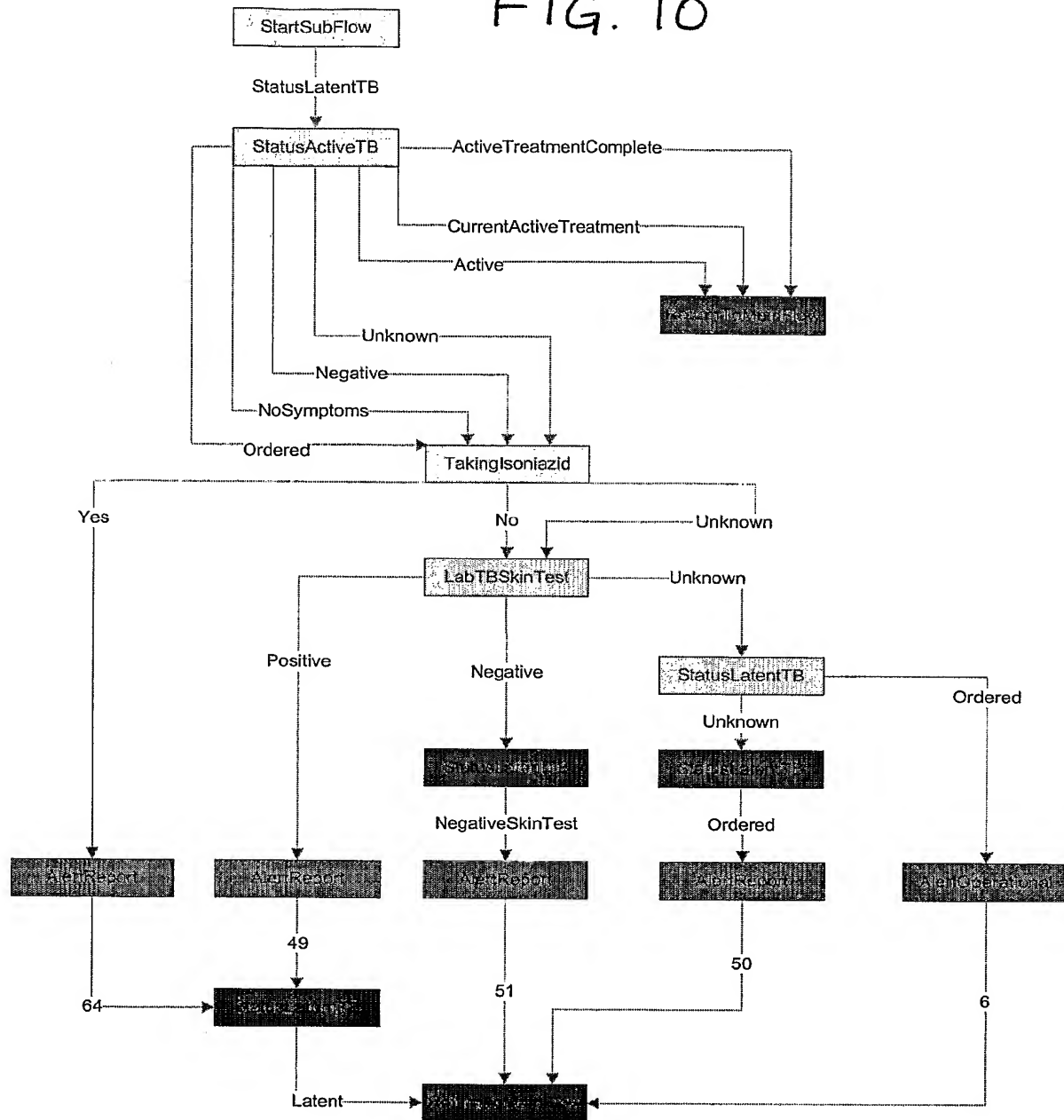


FIG. 11

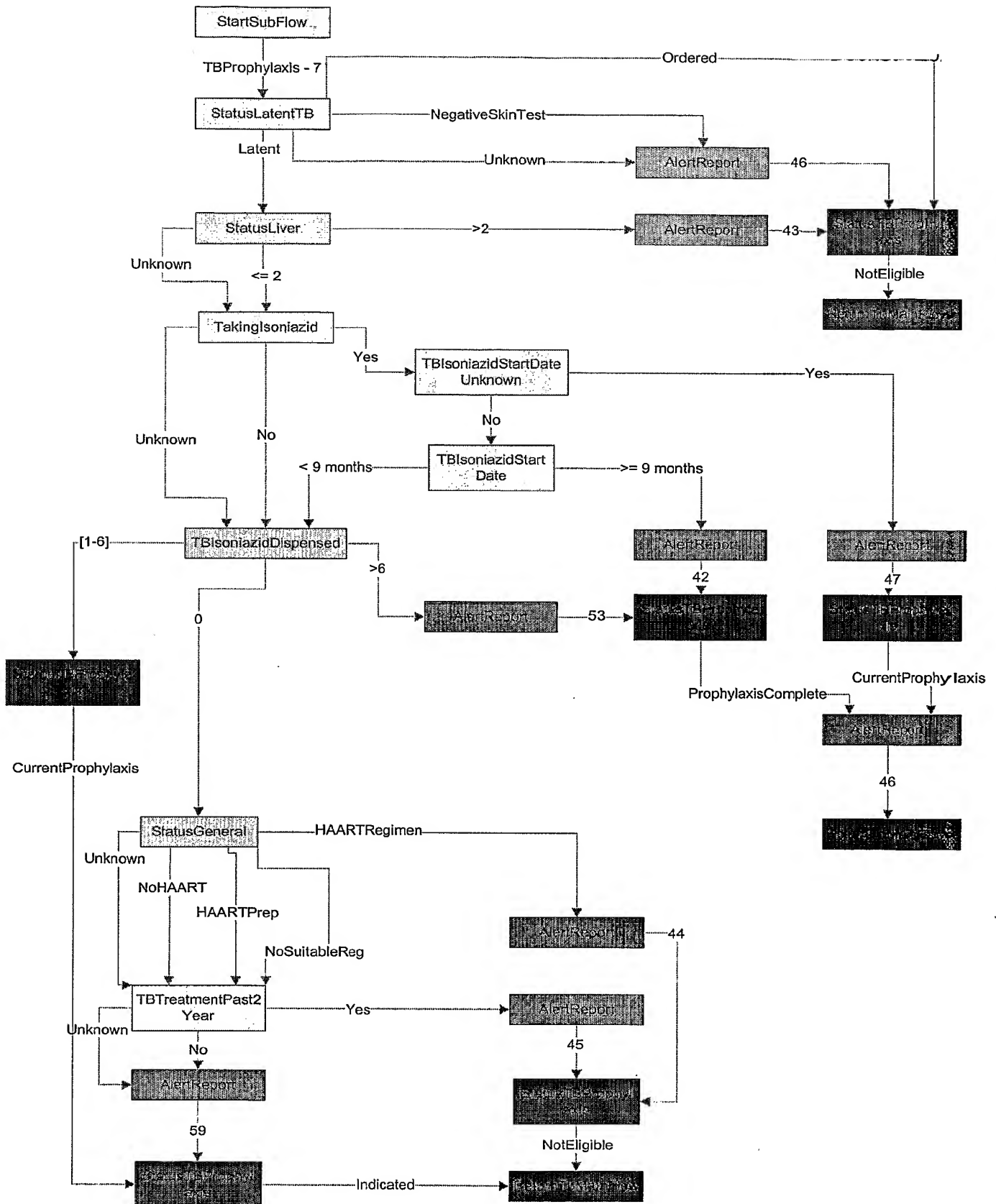


FIG. 12

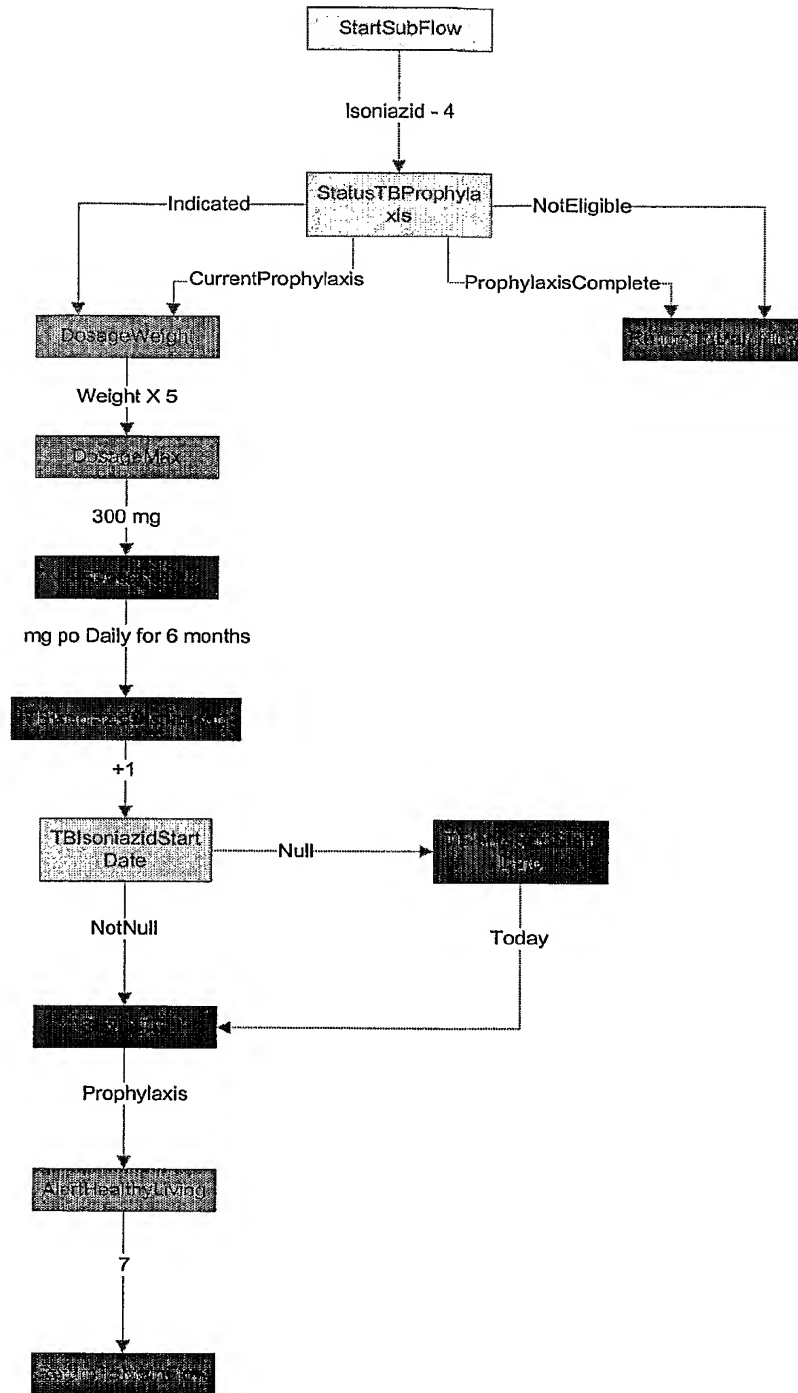


FIG. 13

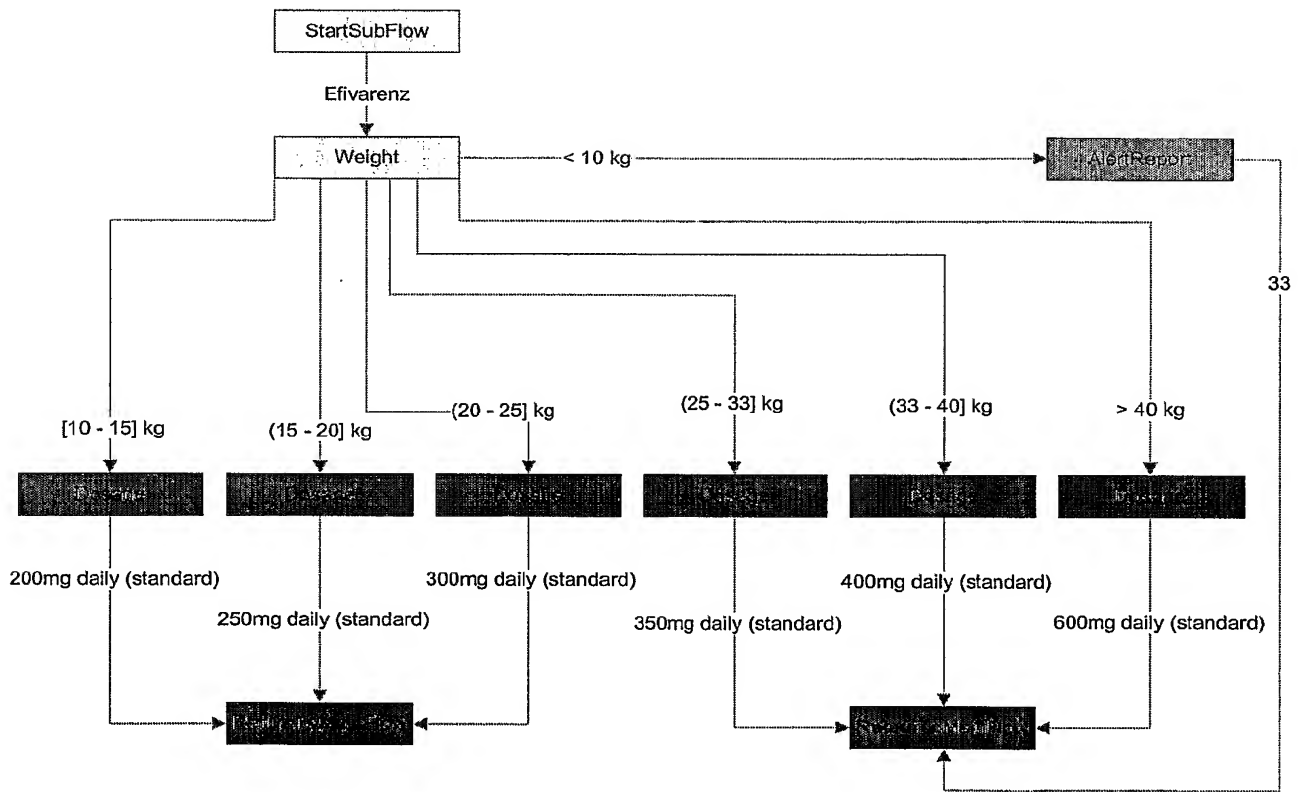


FIG. 14

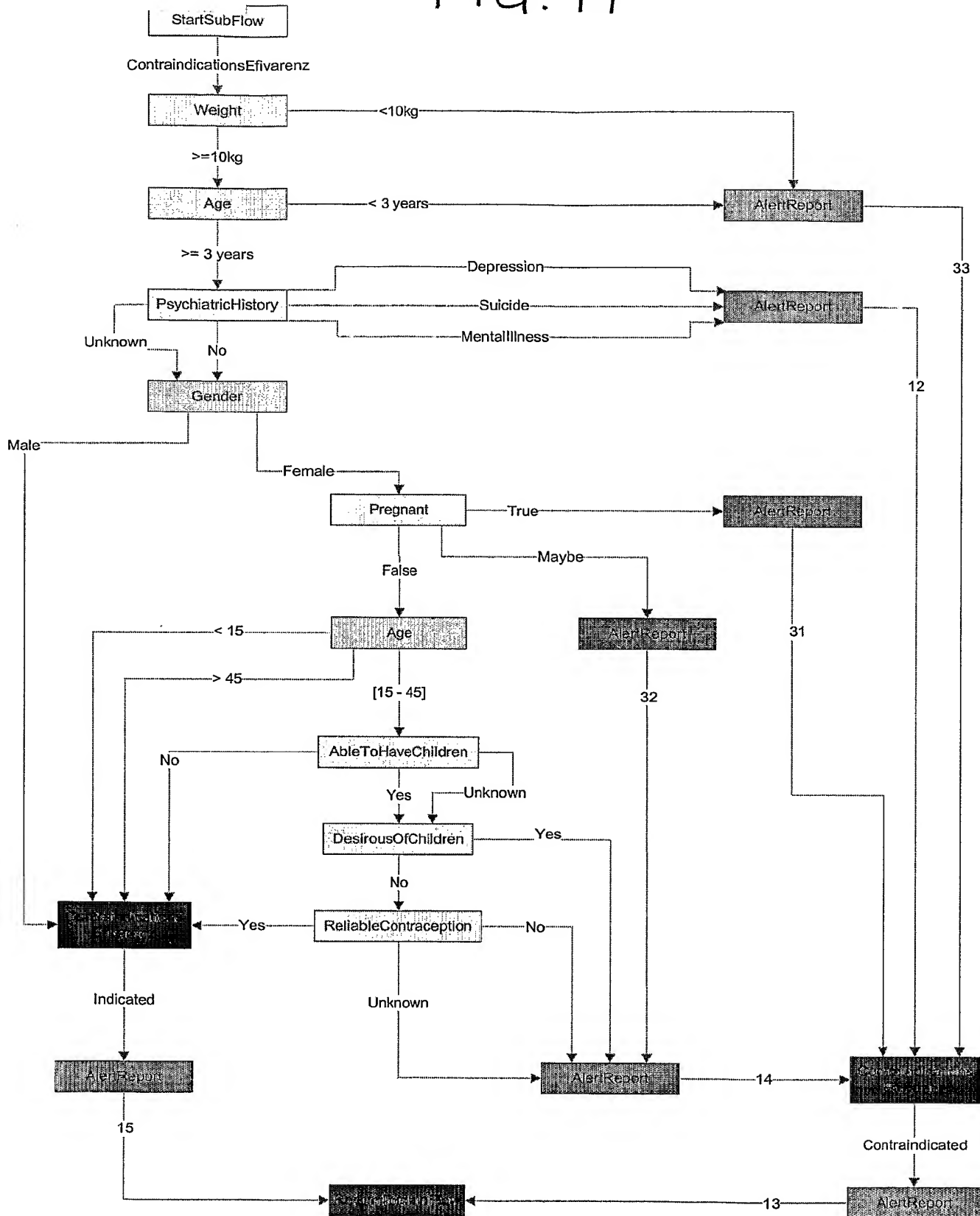


FIG. 15

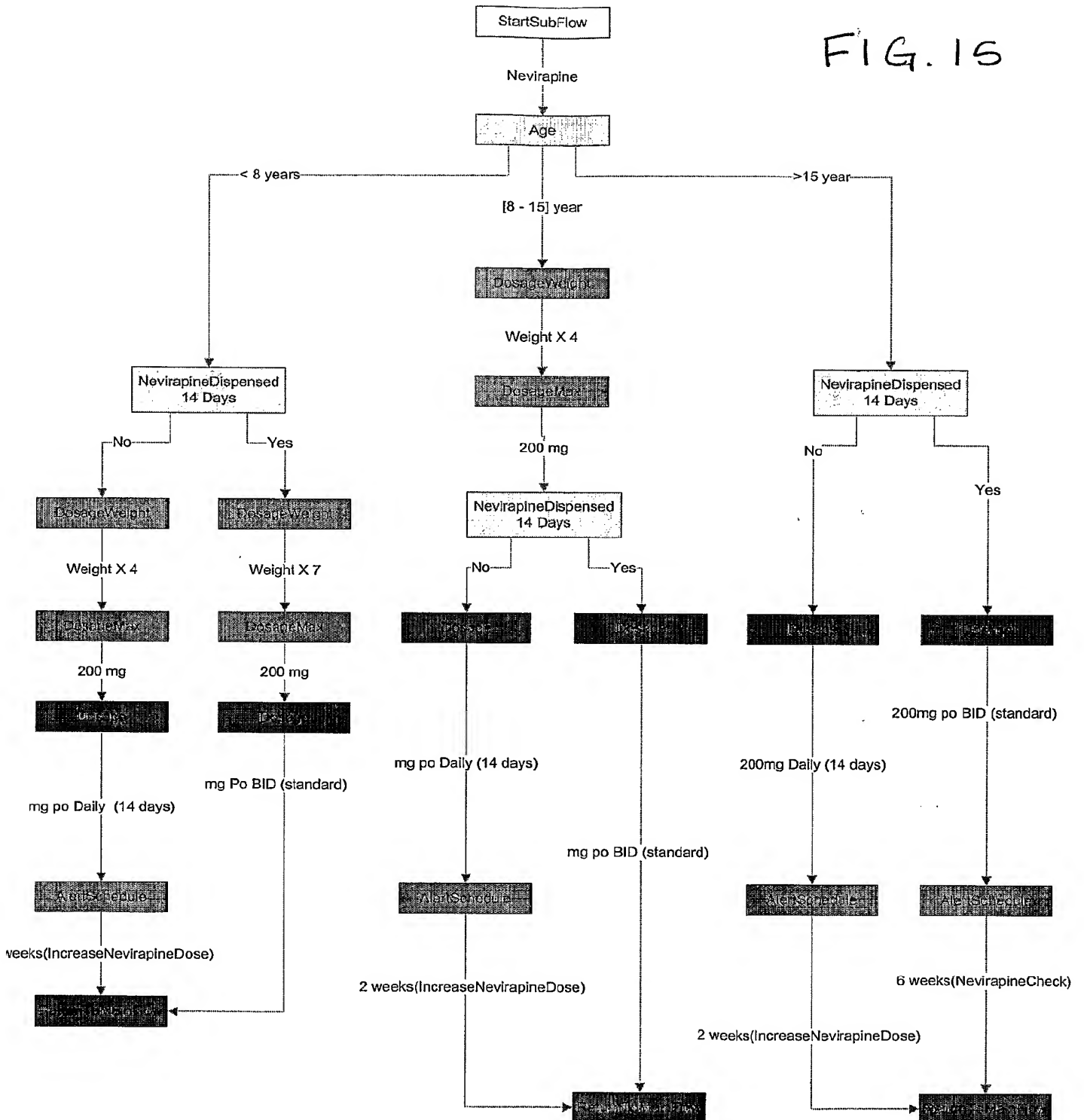


FIG. 16

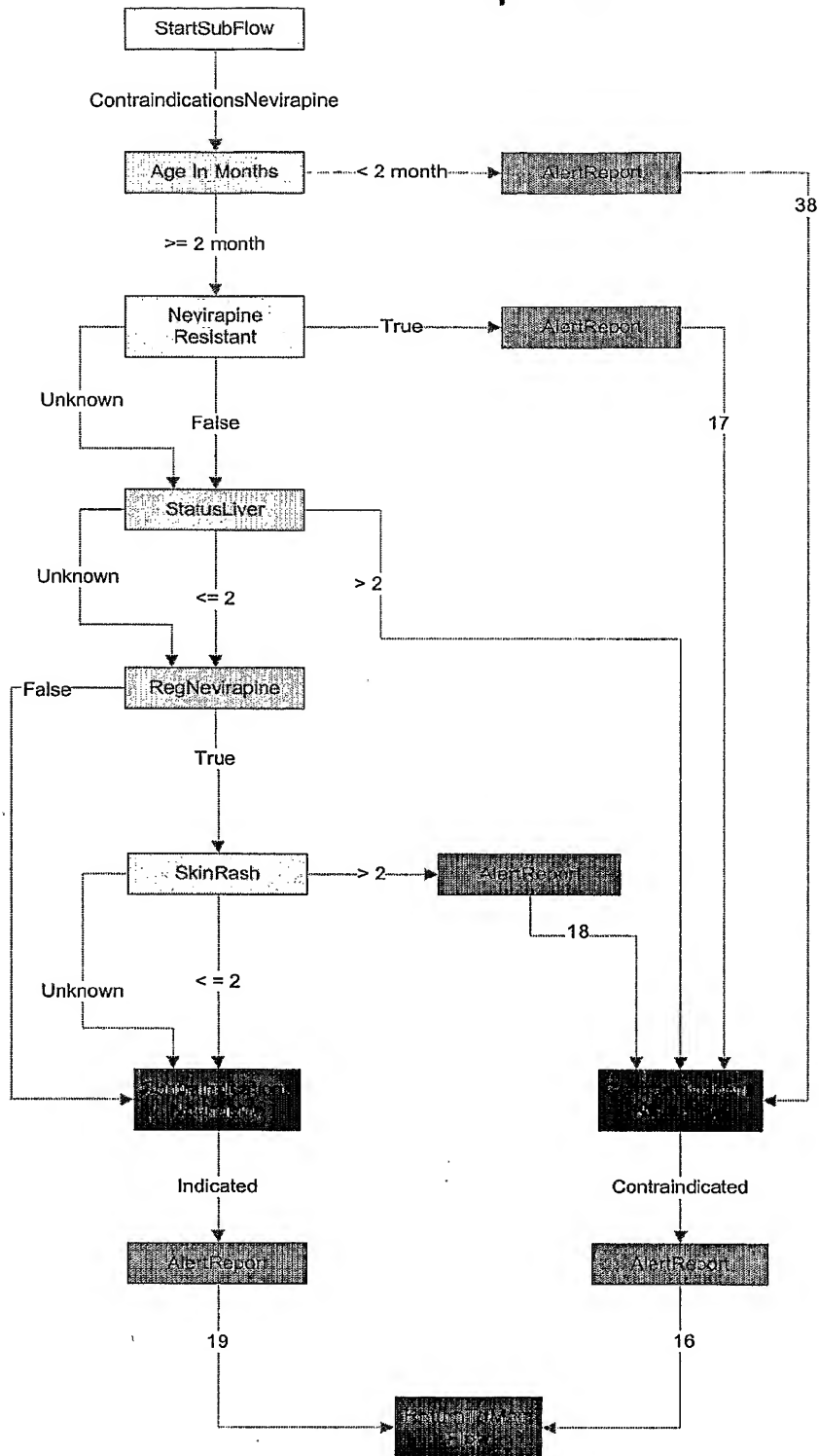


FIG. 17

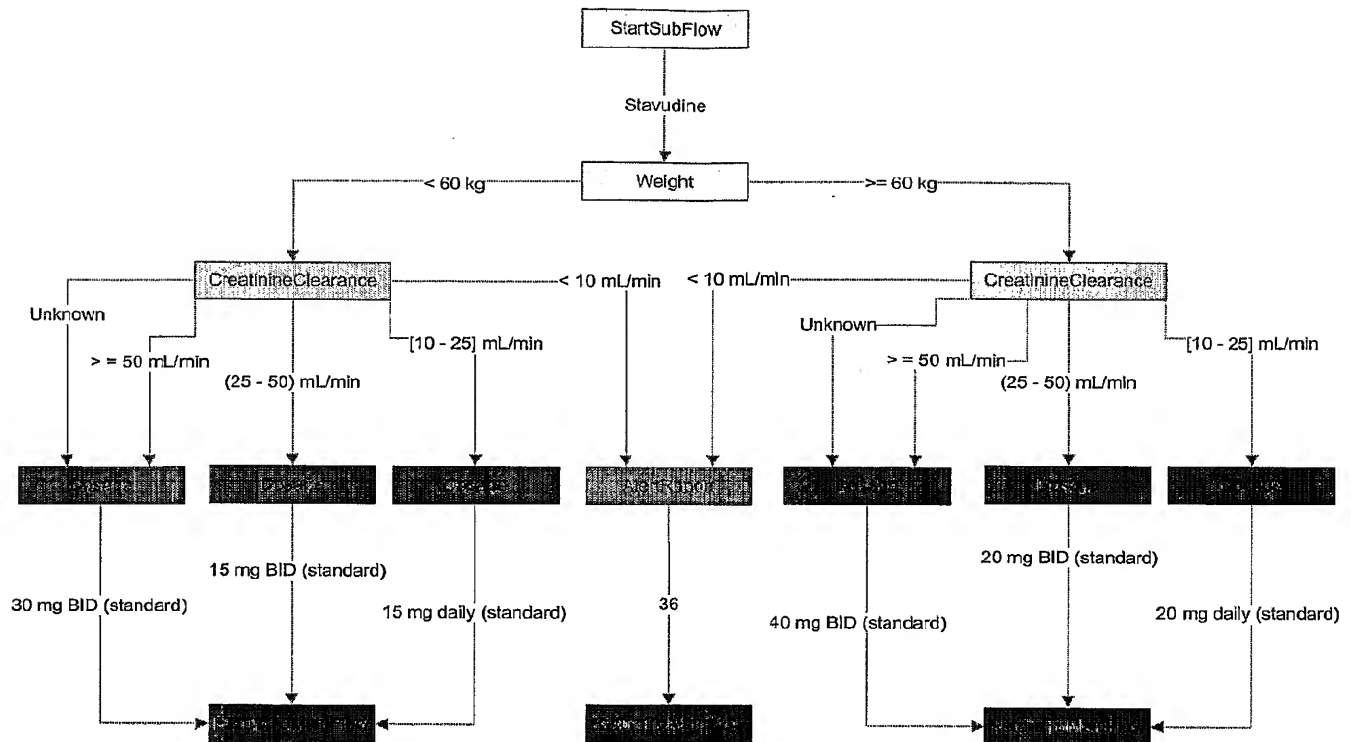


FIG. 18

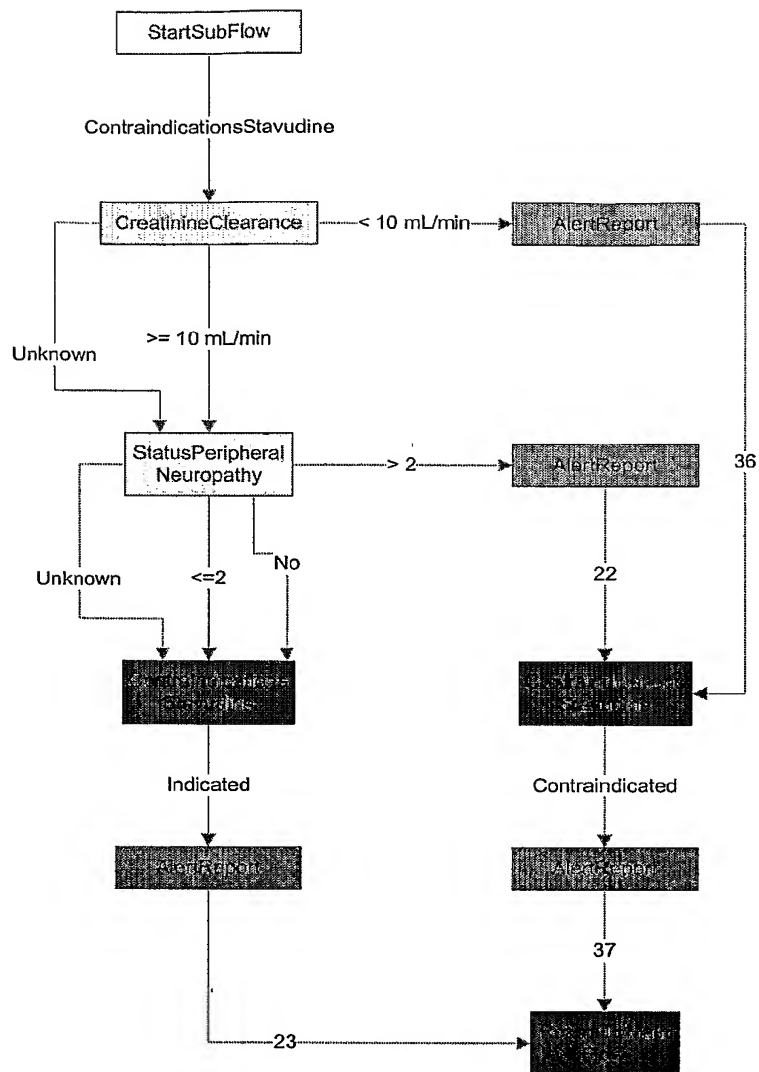


FIG. 19

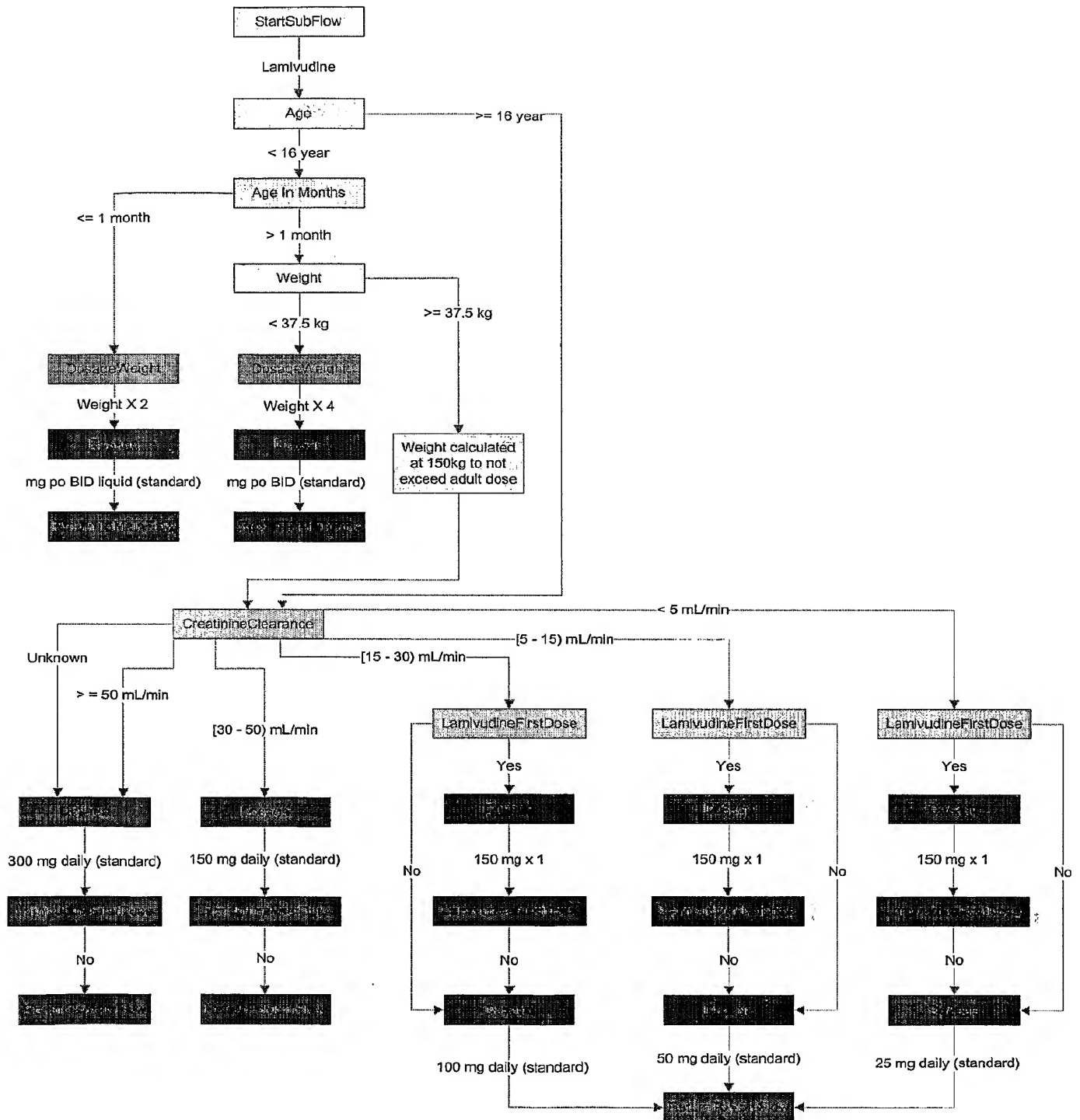
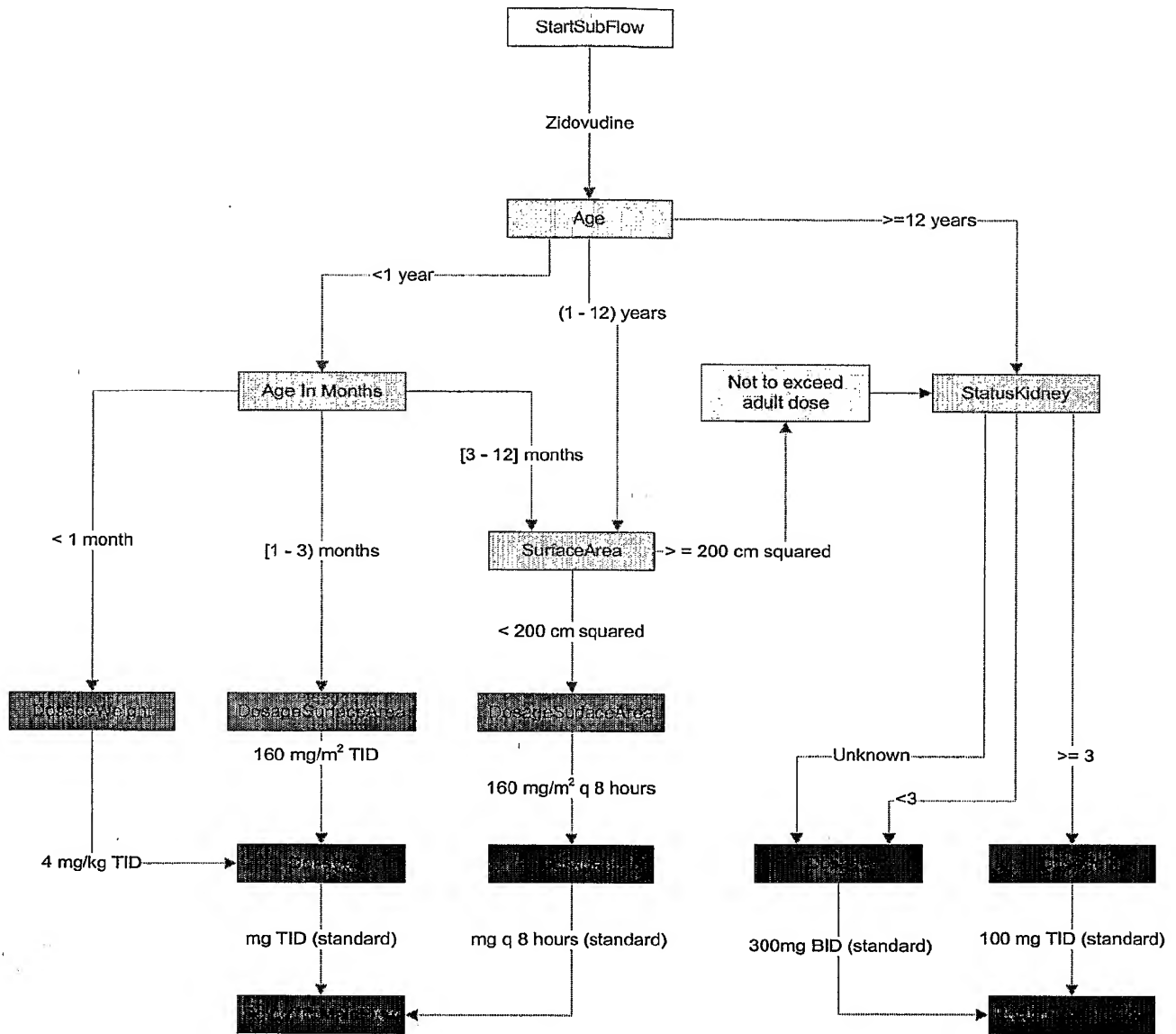


FIG. 20



$$SA = \text{Height[cm]} * (\text{Weight[kg]} / 36)$$

FIG. 21

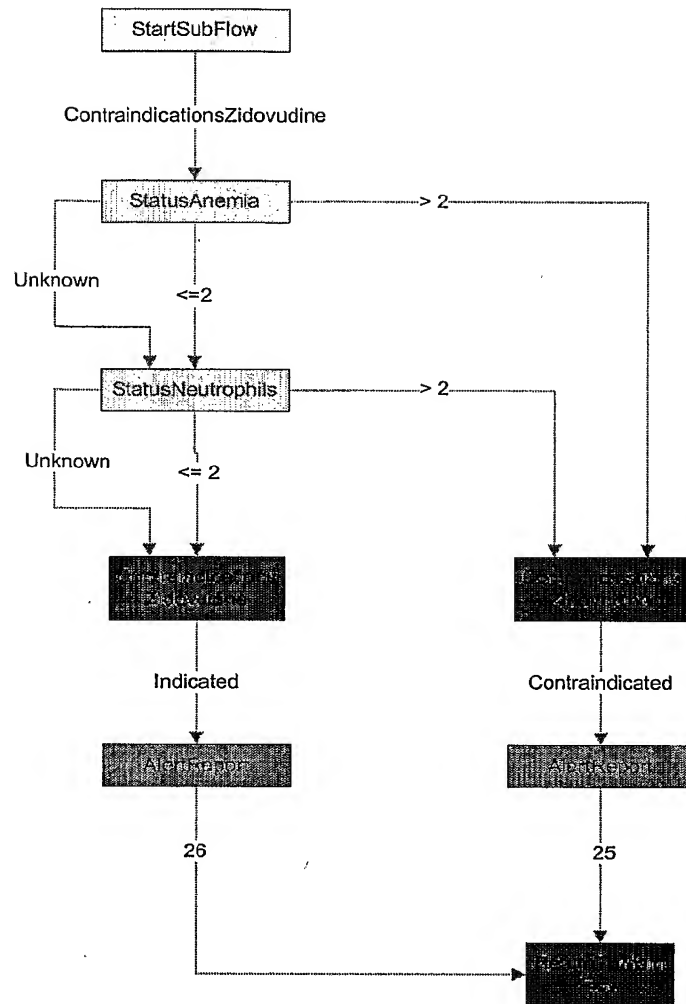


FIG. 22

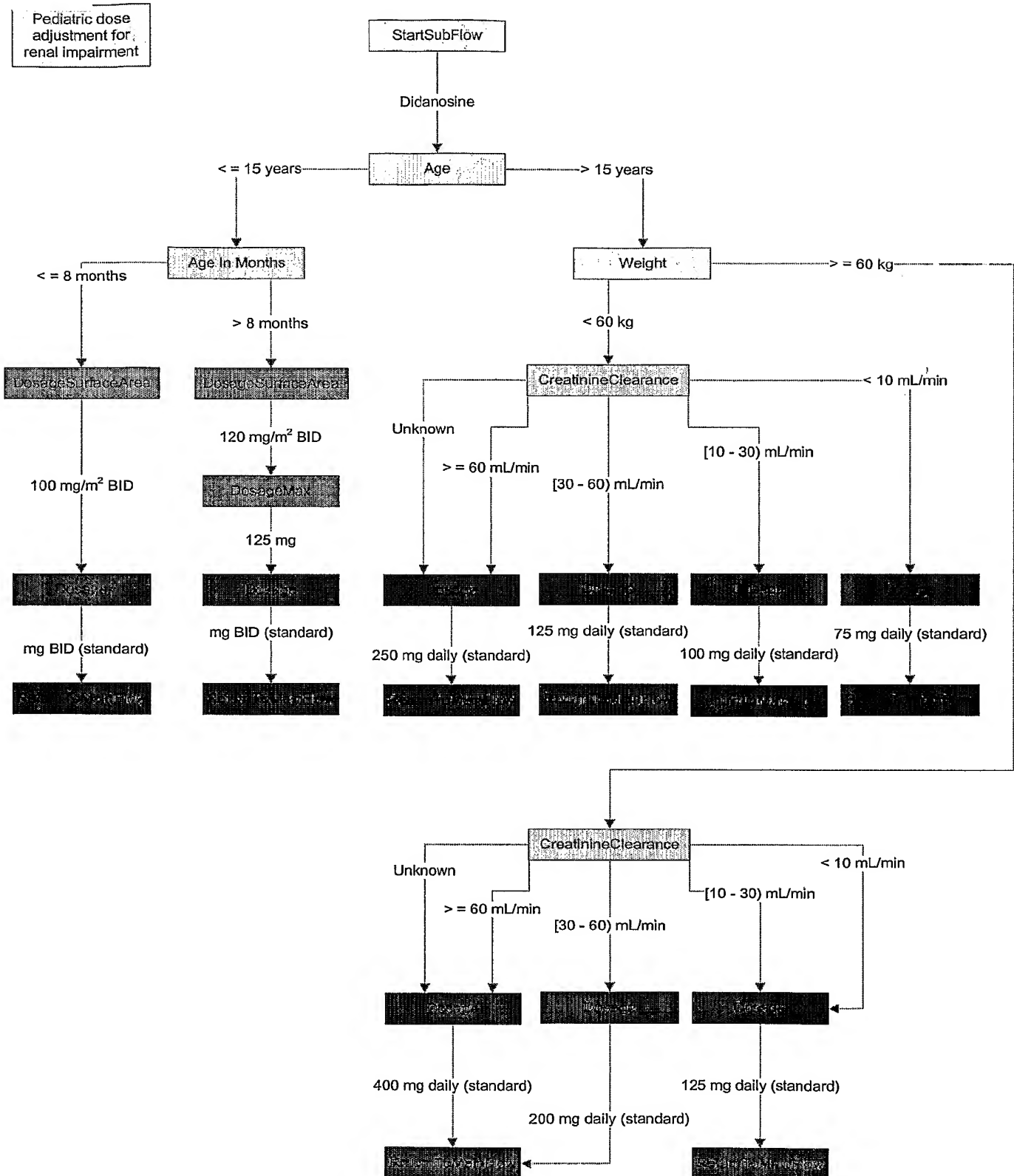


FIG. 23

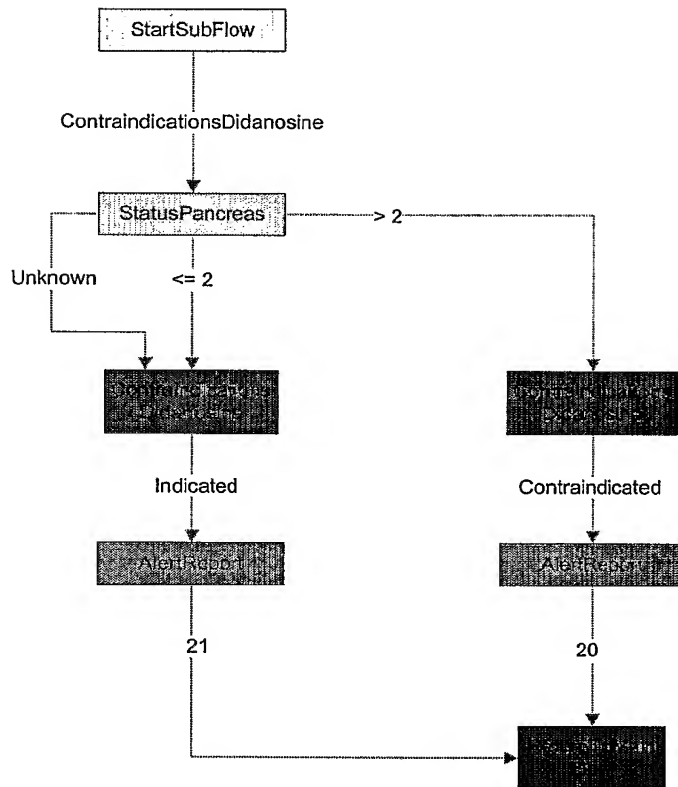


FIG. 24

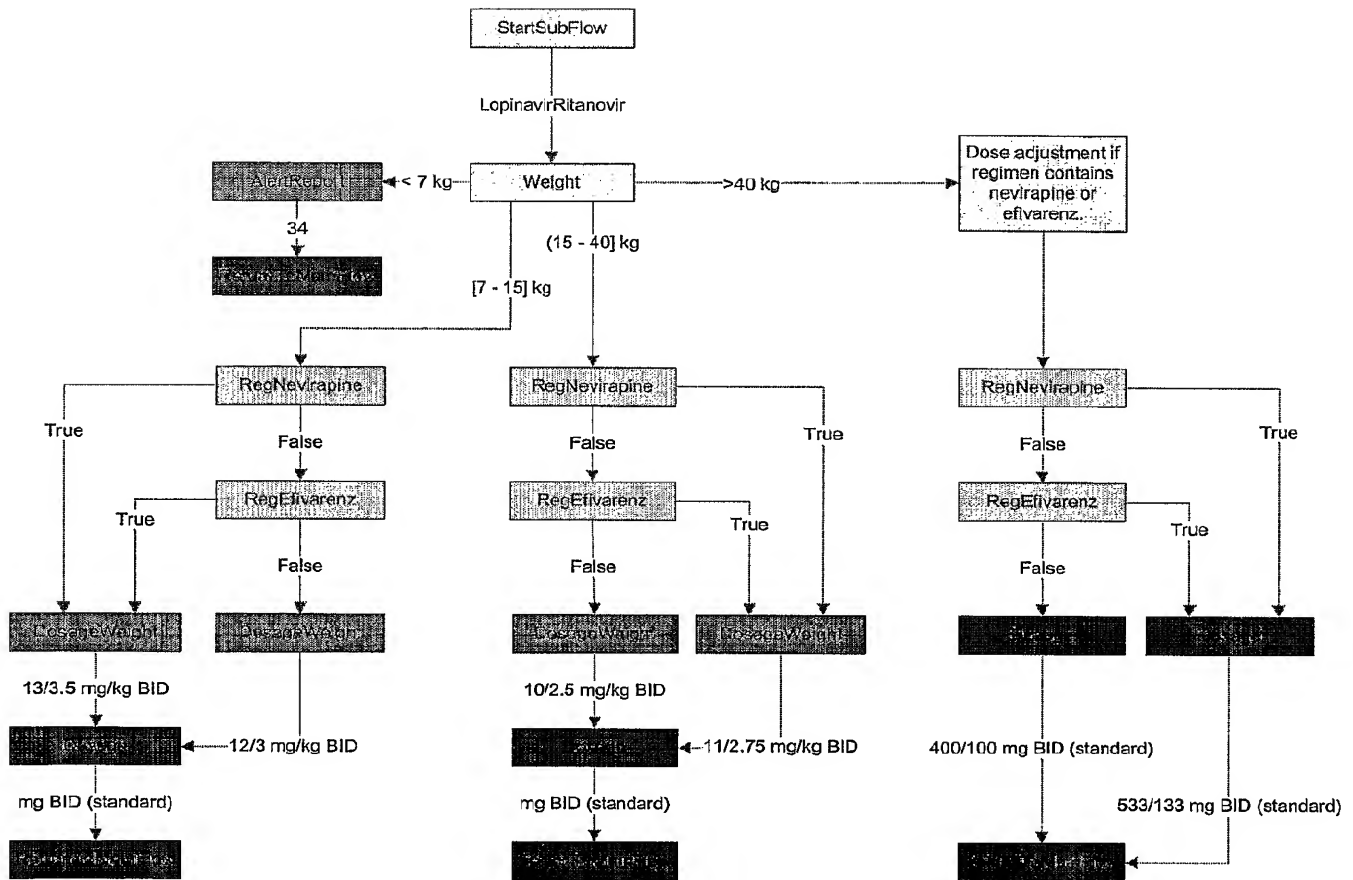


FIG. 25

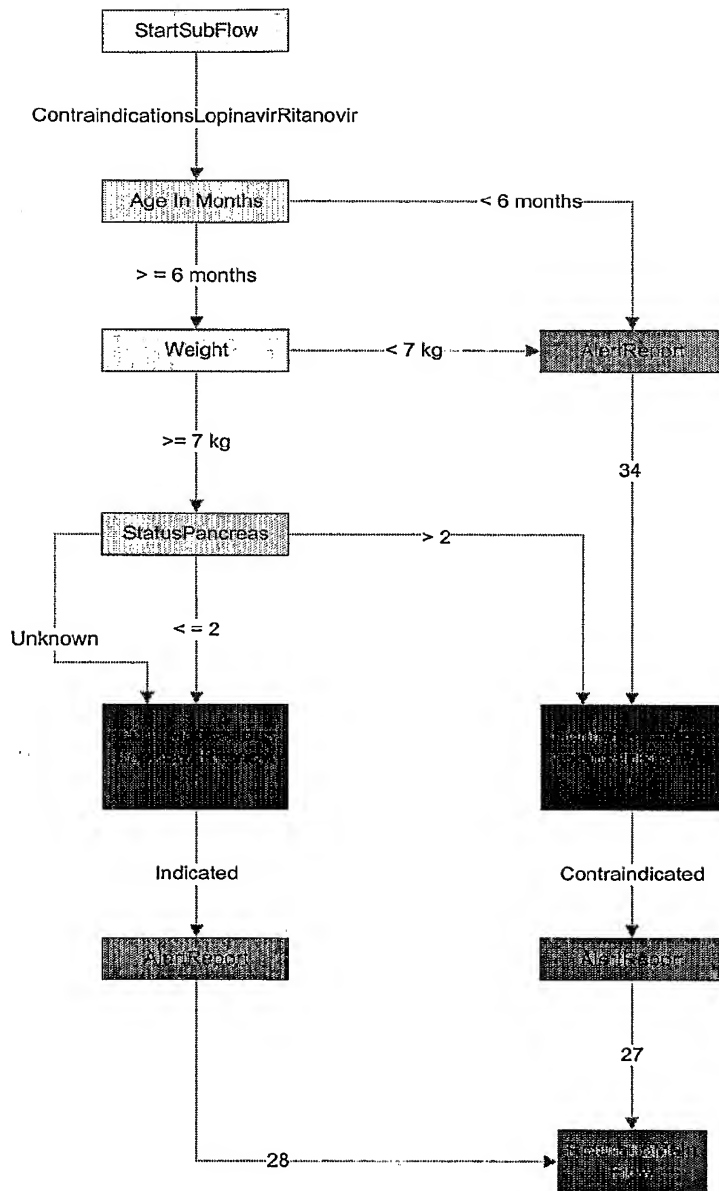


FIG. 27

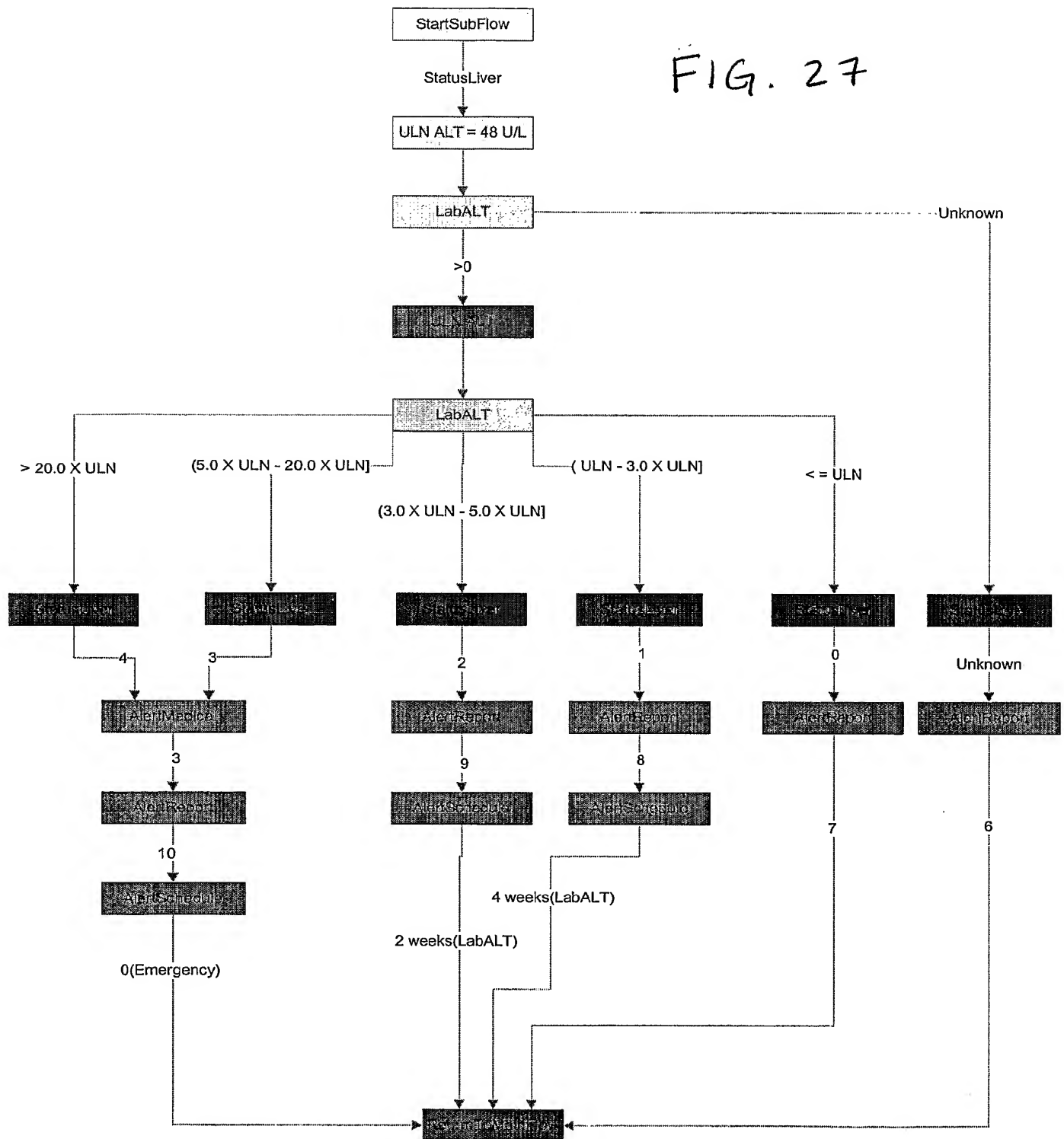


FIG. 28

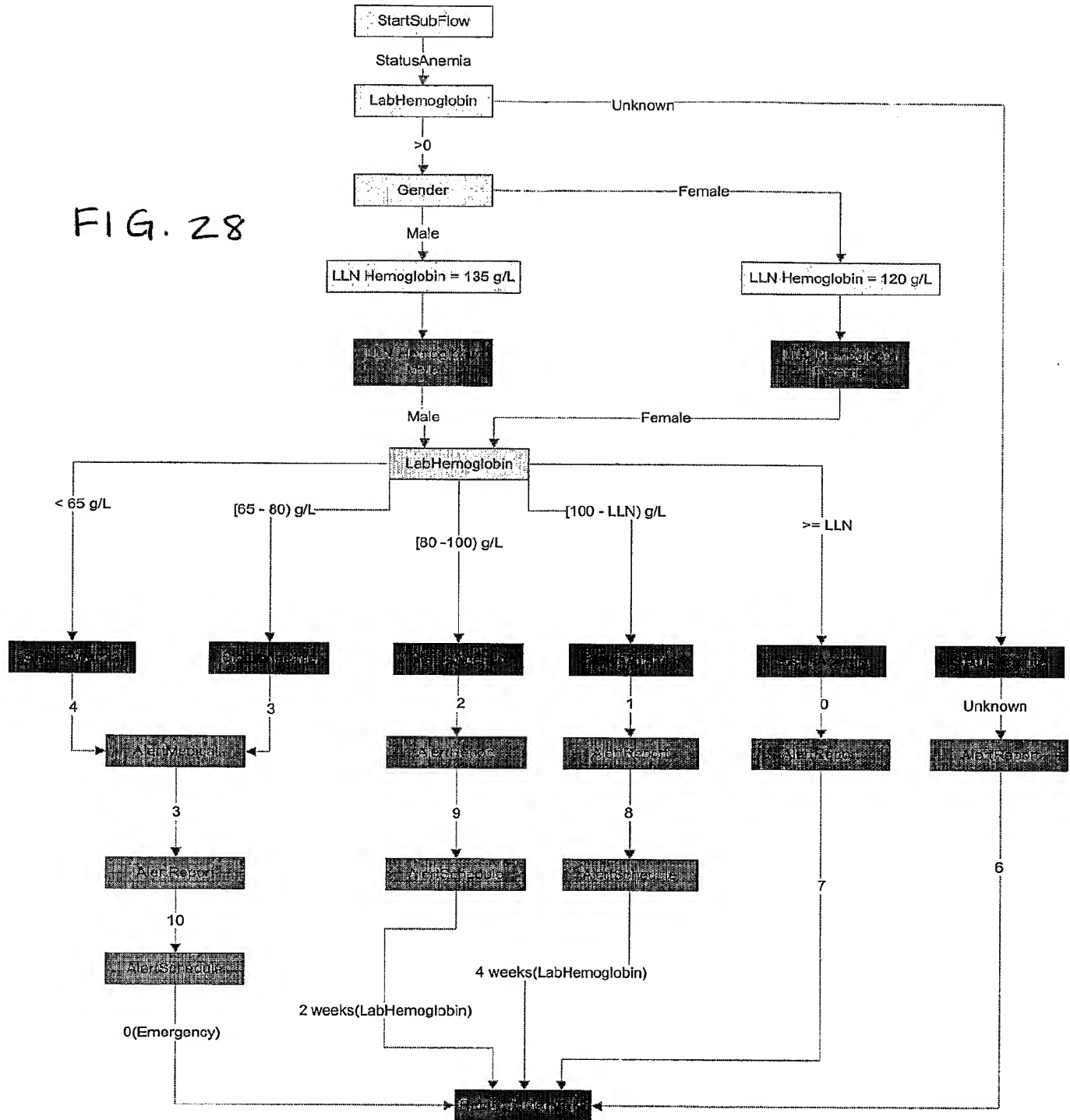


FIG. 30

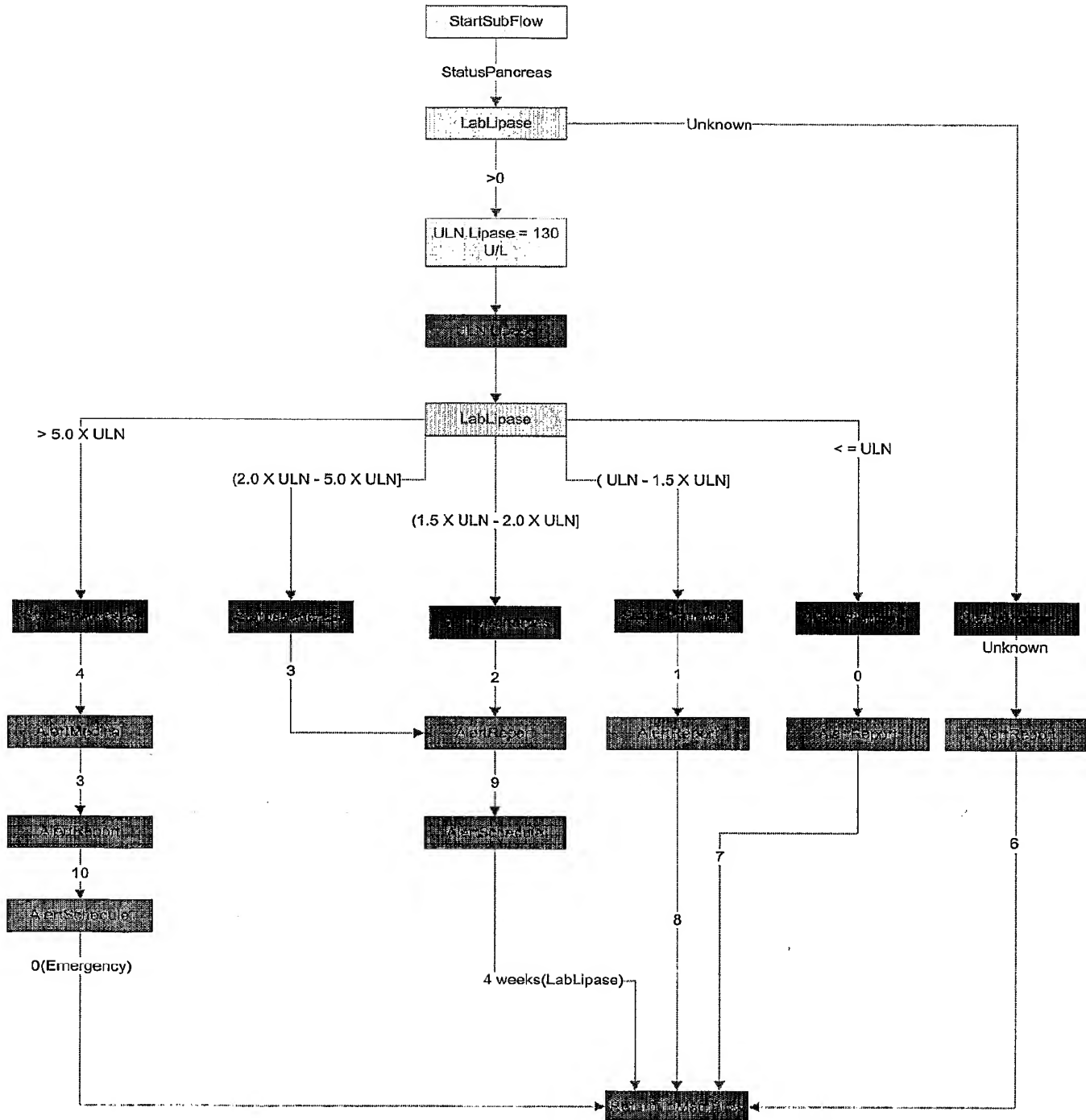


FIG. 31

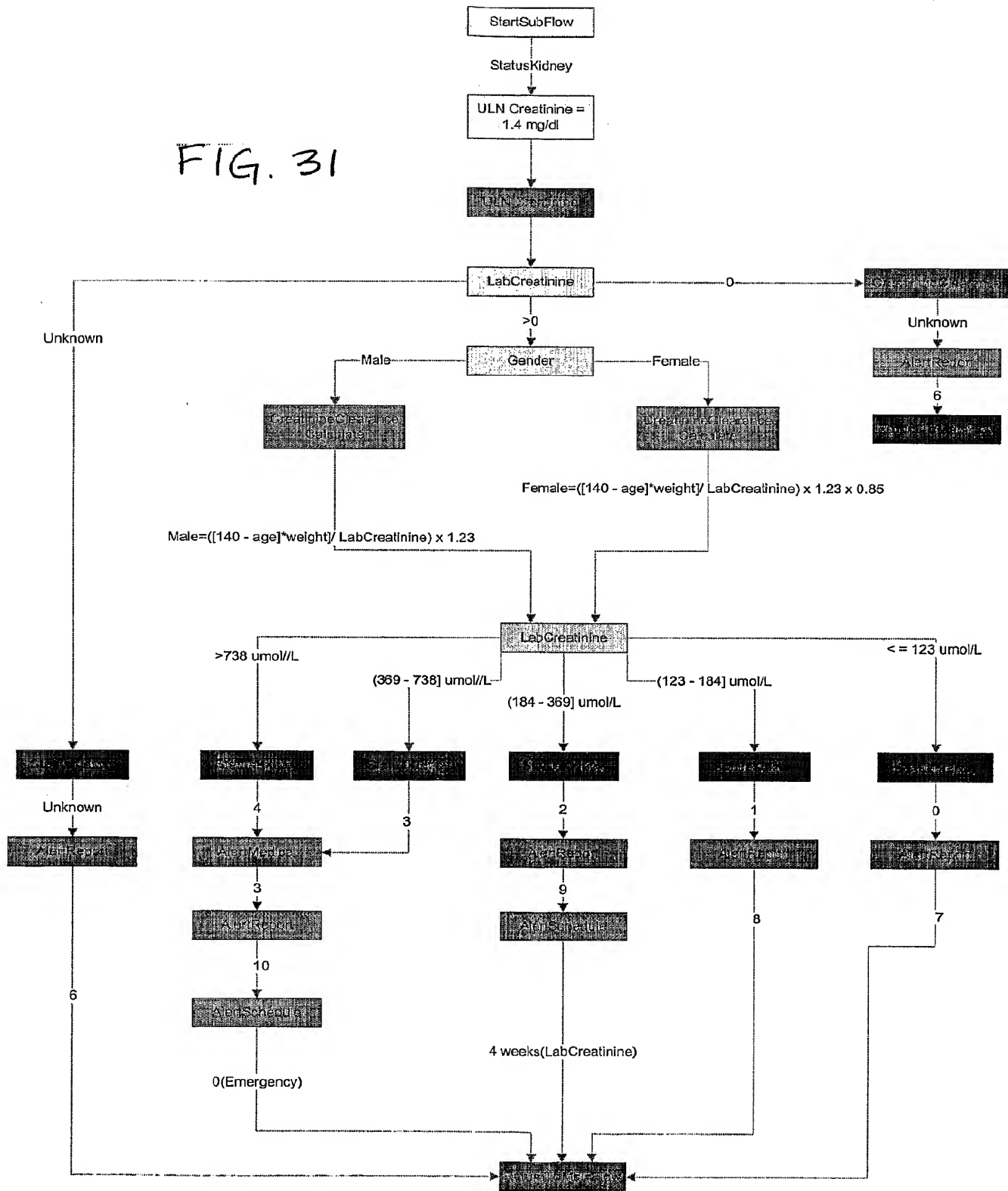


FIG. 32

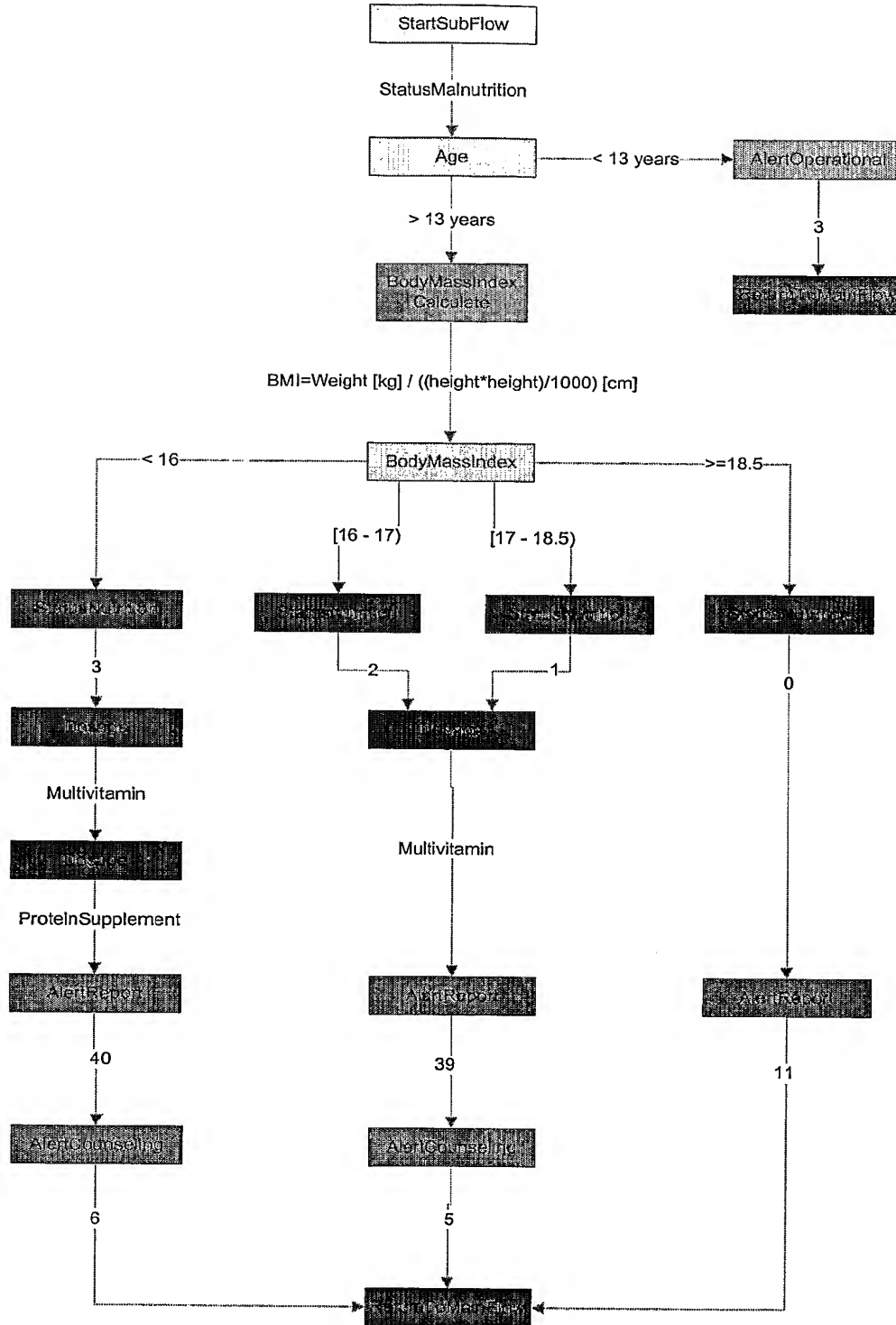


FIG. 33

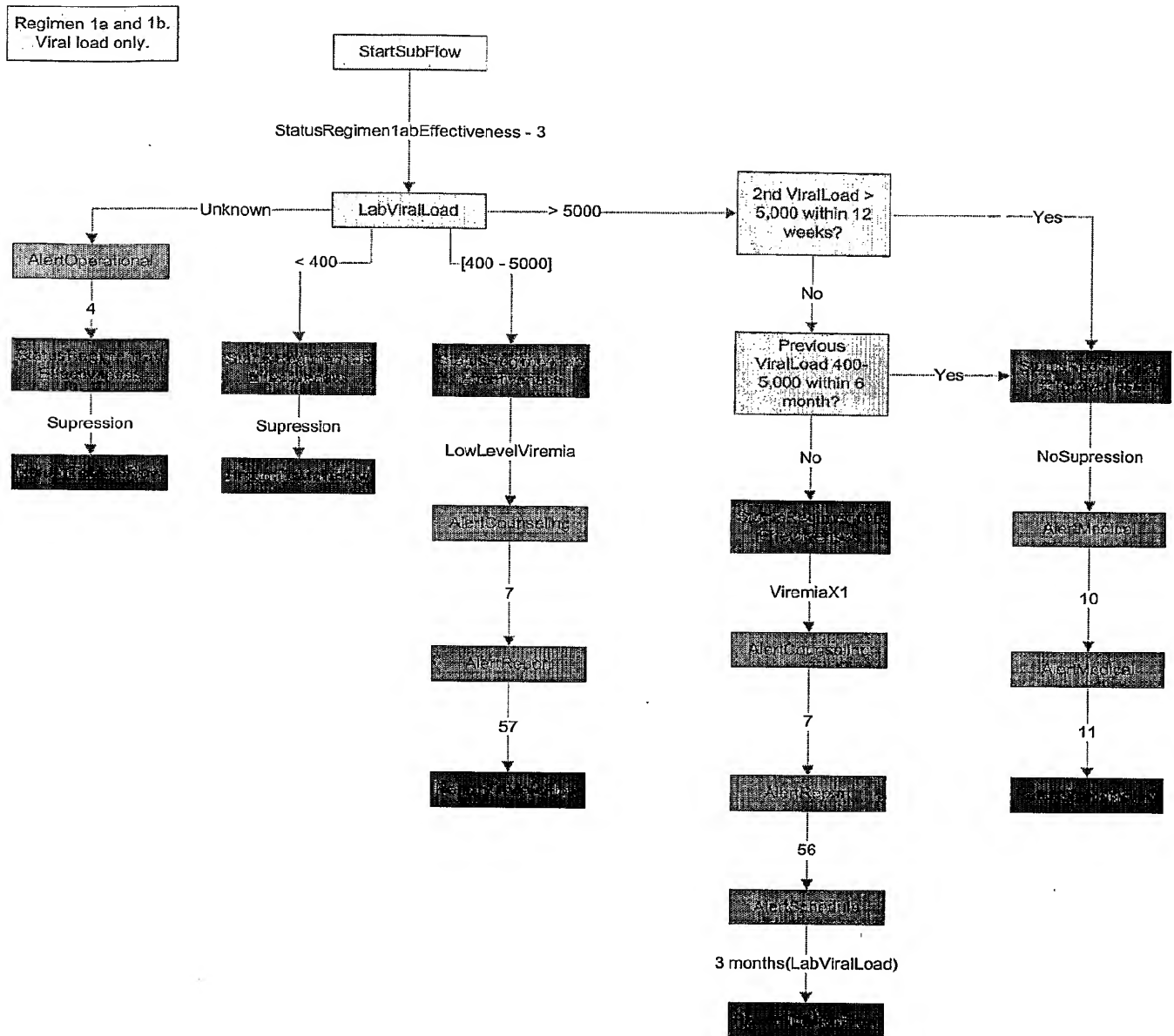


FIG. 34

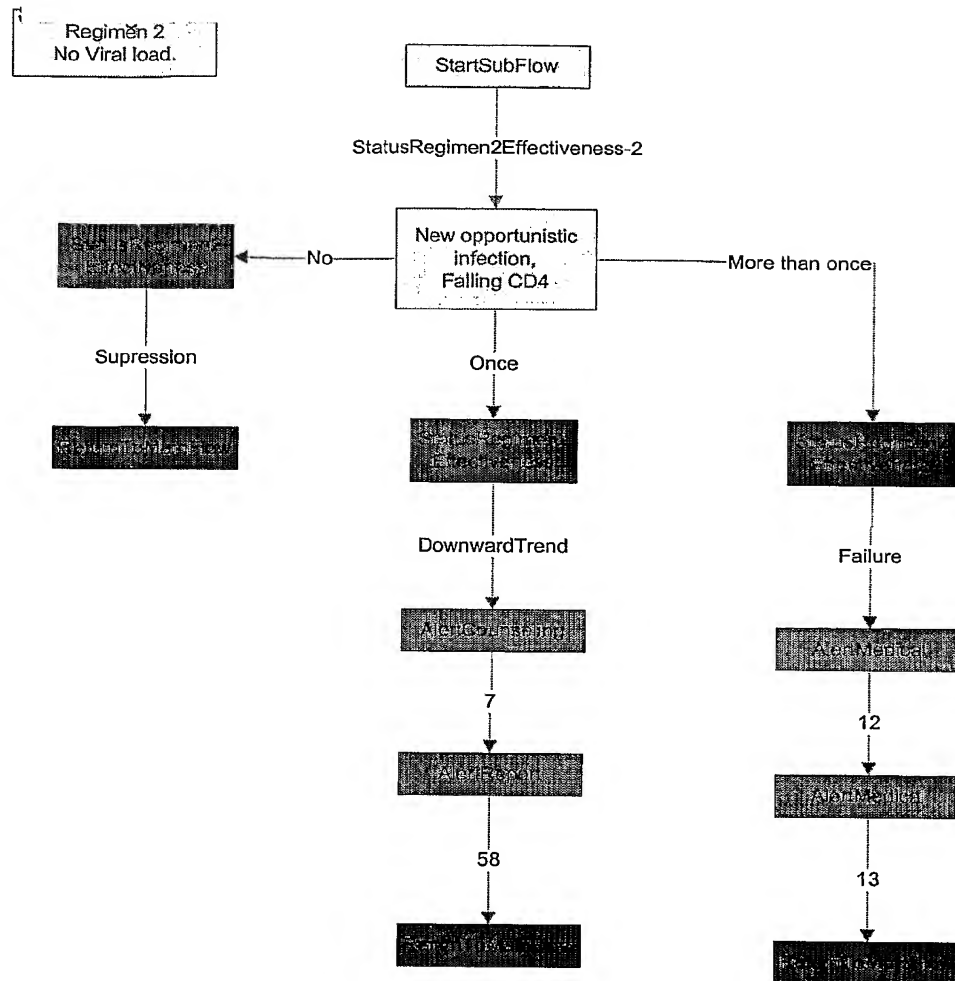


FIG. 37

Master Patient Data Entry

Master Patient

MasterPatientID	<input type="text"/>	Address1	<input type="text"/>
Title	<input type="text"/>	Address2	<input type="text"/>
First Name	<input type="text"/>	Address3	<input type="text"/>
Middle Name	<input type="text"/>	City	<input type="text"/>
Last Name	<input type="text"/>	Province	<input type="text"/>
Male	<input type="radio"/>	Country	<input type="text"/>
Female	<input type="radio"/>	Zip	<input type="text"/>
Date Of Birth	<input type="text"/> <small>YYYY/MM/DD</small>	Cell Phone	<input type="text"/>
Place Of Birth	<input type="text"/>	Home Phone	<input type="text"/>
Date Of Death	<input type="text"/>	E-mail Address	<input type="text"/>
NationalID	<input type="text"/>	MasterPatientDate	<input type="text"/>
Insurance	<input type="checkbox"/>	MasterPatientDateType	<input type="text"/>

FIG. 38

Database: User ID: User Name: Role: Sender: Clinic ID: Clinic Province: Country: Patient ID: 15

Clinical Data Form

Date Prepared: 2004/12/28 11:59:05 PM 15

Date of Birth: 1979 7 9
Height: 170 cm
Weight: 60 kg

HIV Status

Are you currently on antiretroviral medicine for HIV/AIDS? ☒ YES ☐ NO **HAARTRegSAGov1a**

Check drugs in regimen:

1A	EFV Efavirenz (Efavirenz)	3T Zidovudine (Zidovudine)	YTC Rilpivirine (Rilpivirine)
1B	NVP Nevirapine (Nevirapine)	3TC Zidovudine (Zidovudine)	3TC Rilpivirine (Rilpivirine)
2	3TC Zidovudine (Zidovudine)	AZT Zalcitabine (Zalcitabine)	Rilpivirine (Rilpivirine)
Unknown			

Do you want to be on medicine for AIDS? ☒ YES ☐ NO

Documented, number positive HIV tests? ☒ 0 ☐ 1 ☐ 2

Female

Gender: ☒ Male ☐ Female

Reset Cancel

FIG. 39

Data Entry Form	
User ID:	
Last Name:	
First Name:	
Address:	
Clinic:	
Province:	
Country:	
Patient ID:	
Clinical Data Form	
AIDS Defining Illness	<p>AIDS-defining illness, at present or in the past? YES NO Unknown</p> <p>Pneumocystis Pneumonia - current or previous? YES NO Unknown</p> <p>Thrush - persistent YES NO Unknown</p>
Bactrim	Allergic to Bactrim? YES NO Unknown
Compliance	Was Bactrim Dispensed? YES NO
	Bactrim Pill Count - Is patient compliant? YES NO
	Has patient kept 3 appointments in a row? YES NO
Peripheral Neuropathy	Pain and/or tingling in hands and/or feet? YES NO Unknown
<input type="button" value="Enter"/> <input type="button" value="Back"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>	

FIG. 40

Patient Information	
User ID:	Patient ID: A
Clinical Data Form	
Psychological	<p>Psychological problems, present or in the past: YES NO Unknown</p> <p>Depression - overwhelming sadness, not related to any event: Depression</p> <p>Thoughts or attempts of suicide: Suicide</p> <p>Previous mental illness requiring treatment/hospitalization: Mental Illness</p>
Regimen Failure	<p>Has patient failed Regimen 1a: YES NO Unknown</p> <p>Has patient failed Regimen 1b: YES NO Unknown</p>
Nevirapine Resistant	<p>Nevirapine Resistant - proven: YES NO Unknown</p>
Nevirapine	<p>On Nevirapine within last month?: YES NO</p>
<p align="center">Enter</p> <p align="right"><< Reset Cancel</p>	

FIG. 41

Clinical Data Form

User ID: 7 Username: Admin Sender: Clinic ID: Clinic Province: Gauteng Patient ID: 15

TB Status

Treatment for active TB in the past 2 years? YES NO Unknown

Is your treatment for active TB complete? YES NO Unknown

Are you being treated for active TB now? YES NO Unknown

Are you taking Isoniazid to prevent TB now? YES NO Unknown

TB Symptoms

Cough > 2 weeks NO YES

Fever > 2 weeks NO YES

Night sweats NO YES

Weight loss > 1.5 kg in past 4 weeks NO YES

Enter

Reset Cancel

FIG. 42

Data Entry: Usaid/02-3 User Name: Abole Senior Clinic/Province: Gauteng Patient ID: 15

HAART Prep Form

Operations

Safer Sex Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Home Work Issues Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Legal Protection Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Nutrition Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Drug Literacy Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Home Assessment Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>

Enter

< Reset Cancel

FIG. 43

Lab Form

Patient ID

Previous Lab LABS Complete

			YYYY	MM	DD	Previously Ordered
Current CD4	<input type="text" value="30"/> Cells/mL	<input type="text" value="Unknown"/>	2004	12	27	<input type="text" value="Not Ordered"/>
Previous CD4	<input type="text" value="45"/> Cells/mL		2004	11	24	<input type="text" value="Today's Date"/>
Viral Load	<input type="text" value="Unknown"/> copies/mL	<input type="text" value="Unknown"/>				<input type="text" value="Replicate Date"/>
Liver - ALT	<input type="text" value="Unknown"/> U/L	<input type="text" value="Unknown"/>				<input type="text" value="Not Done"/>
Hemoglobin	<input type="text" value="Unknown"/> g/L	<input type="text" value="Unknown"/>				<input type="text" value="Reset Date"/>
Neutrophils	<input type="text" value="Unknown"/> %	<input type="text" value="Unknown"/>				
Lipase	<input type="text" value="Unknown"/> U/L	<input type="text" value="Unknown"/>				
Creatinine	<input type="text" value="Unknown"/> mg/dL	<input type="text" value="Unknown"/>				
TB Skin Test	<input type="text" value="Positive"/> <input type="text" value="Negative"/>	<input type="text" value="Unknown"/>				
Sputum - TB	<input type="text" value="Positive"/> <input type="text" value="Negative"/>	<input type="text" value="Unknown"/>	2004	12	27	

Error - Correct Lab Error

FIG. 44

Database: Lab

User ID: User Name: Admin Sender: Clinic: 1 Clinic Province: Gauteng

Patient ID: 15

Labs Form

Patient ID

15

Previous Lab

11/24/2004

LABS Complete

Override

Current CD4

30

Cells/mL

Unknown

Previous CD4

45

Cells/mL

Viral Load

c/mL

Unknown

Liver - ALT

U/L

Unknown

Homoglobin

g/L

Unknown

Neutrophils

/MM3

Unknown

Lipase

U/L

Unknown

Creatinine

umol/L

Unknown

TB Skin Test

Positive

Negative

Unknown

Sputum - TB

Positive

Negative

Unknown

YYYY

MM

DD

Previously Ordered

2004

12

27

Not Ordered

2004

11

24

Not Done

2004

12

27

Lab Entered

Done

FIG. 45

Main Menu: Patient ID: 3 User Name: Admin Sender Clinic No: 4 Clinic Province: Gauteng Patient ID: 15
New Patient Existing Patient Reports Values

Patient ID: 15 Today's Date: 2004/12/27

Print Close

Alerts: High Medium Low
☒ Active TB - requires treatment
☒ Signs of active TB

Medication:
☒ Eactrim 2x480mg qd (standard)

Next Appointment:
☒ Regular Scheduled 2005/01/05
☒ Labs: ALT

Healthy Living:

Gender: Male
Age: 25
Weight: 60 kg
Height: 170 cm

Regimen: 1a
5 Weeks

Current CD4: 30 Cells/mL 2004-12-27
Previous CD4: 45 Cells/mL 2004-11-24
Viral Load
Liver - ALT
Hemoglobin
Neutrophils
Lipase
Creatinine
TB Skin Test
TB Sputum: Positive 2004-12-27

HIV Status: G HAART Candidate: R Compliance: R Effectiveness: R

FIG. 46

Print preview UserID: 3588 Name: Apple Sender: Clinia InfoProvince: Baureng PatientID: 15 Page 1

Close

Patient Flow Analysis

<p>PatientID 15</p> <p>Date 2004/12/27</p> <p>Alerts High Active TB - requires treatment Signs of active TB</p> <p>Alerts Medium Bedrim prophylaxis indicated</p> <p>Alerts Low (Status Liver) unknown Nutrit on within normal limits</p> <p>Medication Bactrim 2x 480mg qd (standard)</p> <p>Next Appointment Regular Scheduled 2005/01/05 Lab: ALT</p> <p>Healthy Living</p>	<p>Gender: Male Age: 25 Weight: 60 kg Height: 170 cm</p> <p>Regimen 1A 5 Weeks</p>	<p>Current CD4: 30 Cells/mL 2004-12-27 Previous CD4: 45 Cells/mL 2004-11-24</p> <p>Viral Load: Liver - ALT: Hemoglobin: Neutrophils: Uppase: Creatinine: TB Skin Test: TB Sputum: Positive 2004-12-27</p>
--	---	---

HIV Status	HAART Candidate	Compliance	Effectiveness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MSN Messenger 6.3
sach35@aol.com has just signed in.
Options

FIG. 47

Display Patient

Creation Date: 2004/12/27 12:01:45 AM Patient ID: 15

Date of Birth: 19/9/05

Height: 170 cm

Weight: 60 kg

Are you currently on antiretroviral medicine for HIV/AIDS? YES NO HIV RT Reg SAQ v1.0

Do you want to be on medicine for AIDS? YES NO Select

Documented, number positive HIV tests? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000

Gender: Male Female Edit

AIDS-defined illness, at present or in the past? YES NO Unknown

Pneumocystis Pneumonia - current or previous? YES NO Unknown

Toxoplasma - present? YES NO Unknown

Allergic to Bacrim? YES NO Unknown

Was Bacrim Dispensed? YES NO Unknown

Bacrim Fill Count - Is patient compliant? YES NO Unknown

Has patient kept 3 appointments in a row? YES NO Unknown

Pain and/or tingling in hands and/or feet? YES NO Unknown

Psychological problems, present or in the past? YES NO Unknown

Has patient failed Regimen 1a? YES NO Unknown

Has patient failed Regimen 1b? YES NO Unknown

Nevirapine Resistant - proven? YES NO Unknown

On Nevirapine within last month? YES NO Unknown

Treatment for active TB in the past 2 years? YES NO Unknown

Is your treatment for active TB complete? YES NO Unknown

Are you being treated for active TB now? YES NO Unknown

Are you taking Isoniazid to prevent TB now? YES NO Unknown

Cough > 2 weeks? NO YES

Fever > 2 weeks? NO YES

Night sweats? NO YES

Weight loss > 1.5 kg in past 4 weeks? NO YES

FIG. 48

Appointment Status

Patient ID

HAART Regimen Start: 2004/11/24 Regimen: HAARTRegSAGov1a

Last Appointment: 2004/12/27

Weeks since HAART initiated: 5 Next Scheduled Appointment: 2005/01/19

Patient Appointment due in 3 weeks

Procedures to be performed

- ☒ Drug Pickup
- ☒ Education
- ☒ Physical Exam - Doctor

Lab Tests

- ☒ ALT

Buttons:

FIG. 49

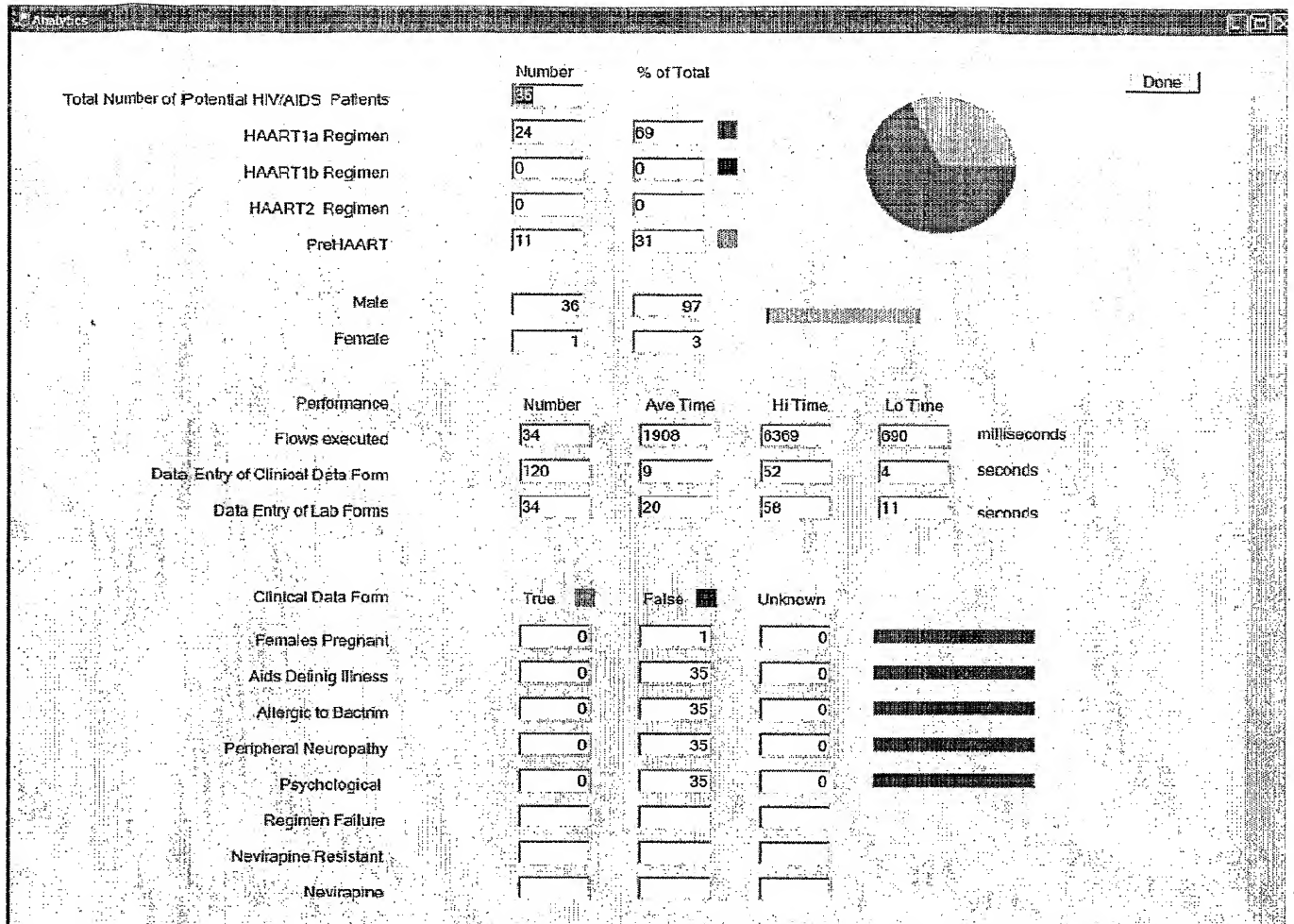


FIG. 50

PatientID: 1 12/25/2004 6:38:25 PM		
StartMainFlow	15	Gauteng - 9
DetermineAgeCategory	14	
StartSubFlow	15	DetermineAgeCategory
Age	7	25 ; >=14years
AgeCategory	11	; Adult
ReturnToMainFlow	2	
AgeCategory	7	Adult ; Adult
ClinicalDataFormComplete	7	Yes ; Yes
LabsComplete	7	Yes ; Yes
AIDSDefiningIllness	5	No ; No
Gender	7	Male ; Male
ConfirmHIVStatus	14	
StartSubFlow	15	ConfirmHIVStatus - 3
StatusGeneral	7	NoHAART ; NoHAART
HIVStatusConfirmed	7	2 ; 2
AlertReport	6	1 ; 1
HIVStatusConfirmed	7	2 ; >1
ReturnToMainFlow	2	
HIVStatusConfirmed	7	2 ; 2
Bactrim	14	
StartSubFlow	15	Bactrim - 2
PneumocystisPneumonia	5	No ; No
Through	7	Unknown ; Unknown
LabCD4	7	250 ; >200
CD4Previous	7	250 ; >0
Bactrim CD4 Test	7	Yes ; Yes
CD4Previous	7	250 ; >200
AlertReport	6	62 ; 62
ReturnToMainFlow	2	
StatusMalnutrition	14	
StartSubFlow	15	StatusMalnutrition
Age	7	25 ; >13years
BodyMassIndexCalculate	5	20.7612456747405 ; BMI=Weight (kg) / ((height*height)/1000) (cm)
BodyMassIndex	7	20.7612456747405 ; >=18.5
StatusNutrition	11	0 ; 0
AlertReport	6	11 ; 11
ReturnToMainFlow	2	
StatusLiver	14	
StartSubFlow	15	StatusLiver
ULN ALT = 48 U/L	15	No Value
LabALT	7	Unknown ; Unknown
StatusLiver	11	Unknown ; Unknown
AlertReport	6	6 ; 6
ReturnToMainFlow	2	
StatusActiveTB	14	
StartSubFlow	15	StatusActiveTB
TBActiveTreatmentComplete	5	Unknown ; Unknown
TBActiveTreatmentCurrent	5	No ; No
Cough > 2 weeks	5	No ; No
Fever > 2 weeks	5	Yes ; Yes
AlertMedical	6	5 ; 5
LabTBSputum	7	Unknown ; Unknown
StatusActiveTB	7	Ordered ; Ordered
AlertOperational	6	5 ; 5
ReturnToMainFlow	2	